ANNUAL REPORT

ON THE

HEALTH

OF THE

BOROUGH OF ASTON MANOR

(BIRMINGHAM),

BY

WILLIAM H. WHITEHOUSE, M.D., D.P.H.,

Of the Inner Temple, Barrister-at-Law;
Fellow of the Royal Society of Medicine, &c., &c.,

MEDICAL OFFICER OF HEALTH,

SCHOOL MEDICAL OFFICER,

MEDICAL SUPERINTENDENT OF THE ASTON MANOR ISOLATION HOSPITALS

AND

BACTERIOLOGIST FOR THE BOROUGH.

1910.

BOROUGH OF ASTON MANOR.

Health Committee:

ALDERMAN ALFRED TAYLOR, J.P., *Mayor (ex-officio).*

COUNCILLOR SHAW, *Chairman.*
ALDERMAN CARRAD.
ALDERMAN GITTINGS.
COUNCILLOR J. EVANS.
COUNCILLOR HARRIS.
COUNCILLOR JONES.
COUNCILLOR STUBBS.
COUNCILLOR TILLOTSON.

Meet the Second THURSDAY preceding the Council Meeting, at 6 p.m.

Hospital Sub-Committee:

COUNCILLOR J. EVANS, *Chairman.*
ALDERMAN GITTINGS.
COUNCILLOR SHAW.
COUNCILLOR STUBBS.

Meet the Second THURSDAY preceding the Council Meeting, at 5-30 p.m.

Sanitary Sub-Committee:

COUNCILLOR HARRIS, *Chairman.*
ALDERMAN CARRAD.
COUNCILLOR SHAW.
COUNCILLOR JONES.
COUNCILLOR TILLOTSON.

Meet the Second TUESDAY preceding the Council Meeting, at 3 p.m. (at Chester St)

Staff of Public Health Department:

Medical Officer of Health and Medical Superintendent of the Borough Isolation Hospitals :

WILLIAM H. WHITEHOUSE, M.D., D.P.H., B.S., Barrister-at-Law.

Chief Sanitary Inspector :

A. O. PURNELL, Cert. R. San. I.

Assistant Inspectors :

BENJN. BOLT, Cert. R. San. I.
S. H. HEATH
E. R. ARNOLD, Cert. R. San. I.

Lady Health Visitor :

MISS O. S. HARDING.

Town Clerk	JOSEPH ANSELL, J.P.
Deputy Town Clerk	WILLIAM THOMPSON.
Borough Surveyor	F. W. RICHARDSON.
Superintendent of Interception Department	A. TREADAWAY.
Acting Matron of Isolation Hospitals	MISS NOAKES.
Electrical Engineer	ROBERT FOSTER.
Director and Secretary of Education	H. NORWOOD.
Librarian	ROBERT K. DENT.
Schools Medical Officers	W. H. WHITEHOUSE, M.D., CATHERINE FRASER, M.B., D.P.H. R. JORDAN, M.B., B.S. (Assistant

By the order of the Local Government Board, dated March 23, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall " prepare an Annual Report, to be made to the end of " December in each year, comprising a summary of " the action taken during the year for preventing the " spread of disease, and an account of the sanitary " state of his district generally at the end of the " year. The report shall also contain an account of " the inquiries which he has made as to conditions " injurious to health existing in his district, and of " the proceedings in which he has taken part or advised under the Public Health Act, 1875, so far as " such proceedings relate to those conditions; and " also an account of the supervision exercised by " him, or on his advice, for sanitary purposes over " places and houses that the Sanitary Authorities " have power to regulate, with the nature and results of any proceedings which may have been so " required and taken in respect of the same during " the year. The report shall also record the action " taken by him, or on his advice, during the year, " in regard to offensive trades, to dairies, cowsheds, " and milkshops, and factories and workshops. The " report shall also contain tabular statements (on " forms to be supplied by the Local Government " Board, or to the like effect) of the sickness and " mortality within the district, classified according " to diseases, ages, and localities."

By the Instructions of the Local Government Board, " the Medical Officer of Health must himself send a " copy of the Annual Report to the Local Government Board, and one to the County Council."

By the Factory and Workshop Act of 1901, " the Medical " Officer is now required to specifically report on the " administration of that Act in workshops and workplaces in his district, and to send a copy of the " report to the Secretary of State,"

BOROUGH OF ASTON MANOR.

HEALTH DEPARTMENT,
COUNCIL HOUSE,
ASTON MANOR.

To the Chairman and Members of the Health Committee.

GENTLEMEN,

In presenting the Annual Report on the Health Administration of Aston Manor for the year 1910, it is impossible to deal with all aspects of the question in as full detail as they deserve, but the following pages deal, however briefly, with most of the important features.

Decreased Birth-rate.

The table on page 30 shows the decrease in the birth-rate during the last 10 years. This decrease has, however, been quite as pronounced in other parts of the country, but it unfortunately is a fact that the birth-rate of 23·2 for Aston Manor is rather less than that for England and Wales.

Decreased Death-rate.

The rate of mortality for the year 1910 is 11·9, being 2 points lower than 1909, and 2·8 lower than the average for the past ten years. The infantile death-rate was also the lowest recorded, being 41 per 1,000 less than the average for the previous 10 years. Taking into consideration that the density of the population is 89·9 per acre the death-rate is most satisfactory. The sanitary progress of the Borough is most encouraging. There is a marked decline in the prevalence of typhoid fever and diphtheria, and not a single death from measles is recorded in 1910. Epidemic infantile diarrhœa shows a slight increase over the preceding year, and there were seven more deaths recorded than in 1909, which had with one exception the lowest mortality on record. There is, unfortunately, no considerable lesssening of the phthisis mortality, which, although not great, is an evidence that special efforts are still required to combat this disease.

Deaths in Public Institutions.

Deaths in Public Institutions outside the Borough of persons belonging to Aston Manor are included in estimating the vital statistics in this Report. In 1910 the number dying in these Institutions was 201, rather less than in 1909, and the fact is an interesting one, as something may be learned of the social conditions of a locality when so large a proportion in times of sickness seek refuge in public institutions, more especially in the workhouses. Generally this implies poverty and want, but it may also, and no doubt does, imply that the institutions have a good reputation, and attract sufferers to them.

Infant Mortality.

Every extended inquiry into the intricate subject of infant mortality brings to light the fact that parents living apparently under the same social and sanitary conditions, have varying success in rearing their children, and that the personal factor deserves a careful study. Poverty and riches, sanitary or insanitary conditions, occupation or the want of it, high birth-rate or low, all play their part in bringing these variations about. Infant Consultations and Depôts for giving advice to mothers, which have been under my consideration, may have an active and useful future before them in the Borough, but whether instituted as a private enterprise, as a Municipal undertaking, or as an extension of local medical institutions, I am firmly convinced that we must subordinate the amateur element in the management and place them on a strictly scientific and medical basis.

Increase in Scarlet Fever.

Upon page 34 it will be seen that in this year there were more cases of scarlet fever notified than in any of the previous 15 years. Whilst the death-rate from this disease 30 years ago reached proportions which would now be regarded with astonishment, yet now, and from the period when hospital provision was found for the isolation of patients, and better administrative methods were adopted, aided by various Acts of Parliament, there has been a remarkable drop in the fatality from this disease. The lesson is an important one, and may well be applied to other infectious sickness as diphtheria, measles, whooping cough, and puerperal fever, which, although presenting difficulties of their own would no doubt diminish in amount if a more complete isolation were possible.

Phthisis.

Although it is doubtful whether the compulsory notification of all forms of tuberculosis would result in any great administrative advantage, yet no hardship would result. If voluntary notification of phthisis were adopted the experience so gained would be very valuable and greatly facilitate the work of the Health Department in connection with the compulsory notification of pauper consumptives. The Borough Council have already taken a first step towards combating with phthisis by offering the free examination of sputum in all doubtful cases.

The efforts of the Council have been directed with a view to bringing more closely the living places and the surroundings of the people to the requirements of sanitation. The work, needless to say, cannot be regarded as finished, and there are still wanted more parks and playgrounds, cottage baths and other similar necessaries for health. With phthisis, as with other diseases, prevention is better than cure, and attention must not be diverted from the preventive aspects by prospects which are held out of cure which are often illusory.

Verminous School Children.

References will be found to the value of medical inspection of children in lessening the suffering of neglected children from vermin. The subject has proved a difficult one, and further facilities will have to be provided before we can efficiently deal with this serious evil.

The Health Visitor and School Nurse have followed to their homes very neglected children, and as a result have been enabled to deal more or less effectively with this form of neglect. So far the work associated directly or indirectly with school children has been good, but it is far from meeting the pressing necessities of the case, and it is absolutely essential in order to efficiently cope with it, that suitable bathing establishments should be available with stoving apparati adjoining.

Much verminous bedding has been sent to the Disinfecting Station from houses visited by the Sanitary Staff, thus getting at the source of the trouble.

Decline in Deaths from Drinking.

It is gratifying to record that only one death was recorded during the year from excessive drinking. It has frequently been pointed out in these Reports that the adverse influence upon the public health of drinking is indirect. It is reflected in high infant mortality, neglect of, and cruelty to children. The waste of money in drink which ought to be spent on the necessaries of life is, apart from actual drunkenness, a great source of injury to the public health, accentuating the miseries and suffering of poverty.

Everyone who deals with mortality statistics very well understands that the registered deaths by no means represent the actual number caused by the excessive use of alcohol. It is notable, however, that while acute alcoholic poisoning, acute alcoholic mania, delirium tremens, chronic alcoholic neuritis, and alcoholic paralysis are generally ascribed in the death returns to alcoholism, yet there are many other diseases to which alcohol is the attributing cause, which are not so included, and which comprise such diseases of the throat as catarrhal sore throat; of the stomach, such as gastric catarrh, chronic dyspepsia and dilatation of the stomach; of the liver, such as congestion, cirrhosis and fatty liver: of the kidneys, such as chronic nephritis.

House fly and disease.

As flies may be a source of dangerous contamination, owing to their frequenting places where filth exists, particular attention has been paid to stable refuse and manure heaps. Flies may carry an enormous number of bacteria and the danger which may arise from the transmission by these insects of filth and infection of foodstuffs cannot be over-estimated.

Necessity for a Quinquennial Census.

In comparing the rates of mortality of one town with those of another, one is convinced of the wholly untrustworthy basis of comparison at a period so remote from the Census estimate of a given population. Evidence points conclusively to the necessity for a revision of the system by which the long interval of ten years is allowed to elapse between each Census. Vital statistics are based upon the estimated population, and if that basis is inaccurate so the published rates are inaccurate, and the value of sanitary measures obscured accordingly. This fallacy is the more apparent in attempting to ascertain with reasonable certainty the actual numbers of people living in Aston Manor, their ages, condition, sex, infirmities, and so forth, when we consider that the Borough had already a dense population at the last Census.

A quinquennial census need not include the very full information required for the present decennial one, but it is necessary that the enumeration of the population should take place every five years, as in France and Germany, and there is no doubt that the present obsolete system is standing in the way of sanitary advancement.

In conclusion, it is pleasant to report that the Staff of the Health Department have carried out their duties during the year with remarkable conscientiousness, and have been of the greatest assistance to me. I beg to add my sincere thanks to your Committee for their kindly and courteous consideration to the Staff and myself during the year.

W. H. WHITEHOUSE.

April 21st, 1911.

Summary of Vital Statistics for 1910.

Area of Borough	959 acres
Population (Census 1901)	77,316
Population (Estimated to middle of 1910)	86,269
Density (persons per acre), calculated on estimated population to middle of 1910	89·9
Inhabited Houses (Census 1901)	16,129
Births	1,998
Birth-rate	23·2
Deaths	1,025
Death-rate	11·9
Zymotic Death-rate	1·1
Phthisis Death-rate	1·1
Infantile Mortality-rate per 1,000 births	109

Area and Population, Births and Deaths.

Area and Population.

Acres.		Estimated Population.
959 acres	...	86,269

The estimate of the population of the Borough of Aston Manor by the Registrar-General to the middle of 1910 was 86,269, and, as the Borough has an area of 959 acres, and not 943 acres, as previously stated in the Annual Reports, the density of its population on this estimate is 89·9 per acre.

The estimated population at the 1901 Census was 77,316, of whom 37,009 were males and 40,307 females. The number of inhabited houses was 16,129, and the average number of persons per house was 4·8.

The above estimate is based on the assumption that the same rate of increase of population which marked the inter-censal period of 1891-1901 will continue during the period 1901-1911. As Aston Manor is practically built over this assumption cannot be correct. Very few houses have been erected in recent years, therefore the population is practically stationary, and the Registrar-General's calculation of it is undoubtedly an over-estimate.

The following table shows the total number of dwelling-houses and the number occupied and unoccupied in the last five years. (From information supplied by the Education Department.)

Year.	HOUSES.				
	Inhabited.	Uninhabited		Building	Total Number of Dwelling Houses.
		In Occupation.	Not in Occupation.		
1906	16,460	192	527	5	17,186
1907	16,133	251	812	1	17,197
1908	16,057	212	931	—	17,200
1909	15,994	220	975	1	17,190
1910	15,944	258	973	—	17,175

Taking the number of occupied houses for 1910 as set forth in the above table, viz., 16,202, and supposing the average number of persons per house to be 4·9, which is probably at the present time nearer the actual figure than 4·8 as given at the last census, the population would be 79,390.

Calculated on this population the birth-rate for 1910 would be 25·1, and the death-rate 11·9. For statistical purposes, however, the Local Government Board require these rates to be calculated on the population as estimated by the Registrar-General, on which basis they are 23·2 and 9·5 respectively, and these are the rates recognised throughout this Report.

The following table, furnished by the same Department as the previous one, gives the number of houses in each ward, and I have added a column showing the estimated population of each ward.

BOROUGH OF ASTON MANOR EDUCATION COMMITTEE ENUMERATION, 1910.

SUMMARY OF HOUSES IN WARDS, AND POPULATION OF WARDS.

Ward.	Houses Occupied.	Uninhabited Houses.		Houses Building.	Total Number of Houses	Estimated Population at 4·9 per House Occupied and in Occupation.
		In Occupation.	Not in Occupation.			
Villa ...	2,492	21	119	—	2,632	12,314
Lozells ...	3,000	77	192	—	3,269	15,077
Six Ways	2,231	23	123	—	2,377	11,045
Brook ...	3,105	37	141	—	3,283	15,398
Reservoir	2,161	70	157	—	2,388	10,932
Park ...	2,955	30	241	—	3,226	14,627
TOTAL ...	15,994	258	973	—	17,175	79,393

I have estimated that 66 per cent. of the void houses belong to the working class.

Back-to-Back Houses.—There are 21 per cent. of these houses in the district, and of these 25 per cent. are built in blocks of four with entries on either side.

Site, Sub-Soil, and Drainage of Aston Manor.

The physical features and character of the Borough are well described by your Surveyor in his Report, in which he says that :—

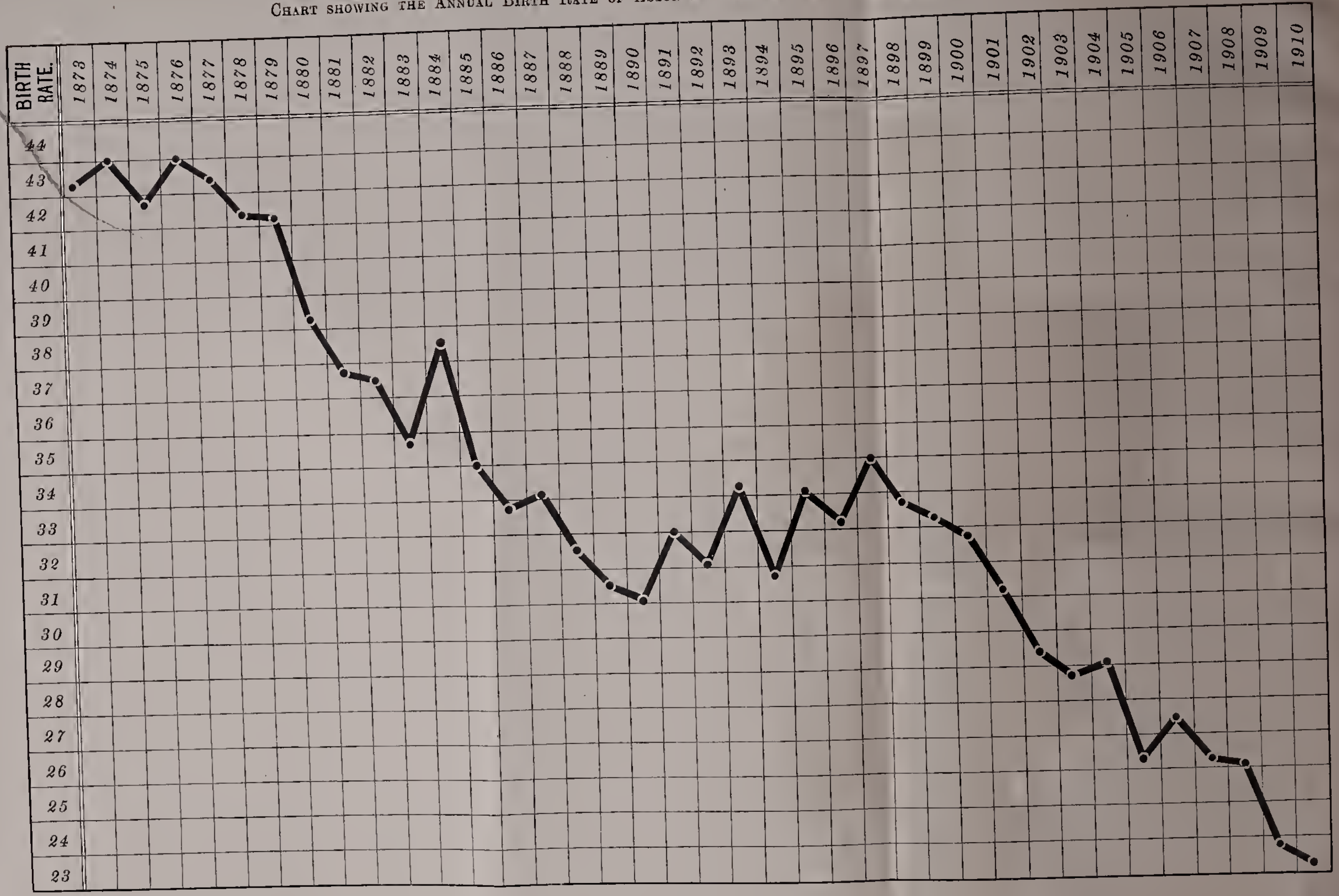
> "Aston Manor is eminently fitted by nature for "the bearing of a large and dense population. Its "porous sub-soil of sharp sand and fine gravel assists "in the rapid removal of all surplus water, while the "contour of the district renders the provision of

"short sewers with good gradients an easy matter. "The town is situated on two sides of a long ridge, "along the top of which we find Victoria Road and "Lozells Road. These two sides form ideal drainage "areas, which slope on the South to the stream "known as Hockley Brook, and on the North to the "River Tame. Along the valleys of the Tame and "Hockley Brook large brick sewers were laid down, "which receive the sewage from all the subsidiary "sewers in the various streets. These two brick "sewers meet in Lichfield Road at the corner of "Aston Lane, and from that point a main sewer, "five feet wide inside, runs down the Lichfield Road "as far as Salford Bridge, where it passes under the "canal, and away to the Sewage Farm. The lowest "point in the Borough is near Salford Bridge, and "the highest at Villa Cross, while the average eleva-"tion above sea level is about 370 feet."

Open Spaces.

Aston Manor is, considering its population, singularly devoid of open spaces, and every opportunity should be taken of acquiring land for such spaces as occasion arises for the purpose of providing playgrounds and gardens. The open spaces now existing are: Aston Park—which occupies a site of 50½ acres: river—which occupies 5½ acres; railway—15 acres; canal—7 acres; Villa Ground—8 acres; making in all about 86 acres which cannot be built upon. In addition to these we have the Reservoir Estate, of 50 acres; the Aston Park Estate, between Bevington Road and Witton Road, of 6 acres; and a patch of land in Yew Tree Road, of 2 acres, all of which can be built upon.

Chart showing the Annual Birth Rate of Aston Manor for the past 38 years (1873–1910).



Births.

Number of Births	1,998
Average number of Births for previous 10 years	2,263
Average Birth-rate for previous 10 years	28·0
Birth-rate of Aston Manor per 1,000 ...	23·2
England and Wales	24·8
77 Great Towns	25·0
136 Smaller Towns	23·7
England and Wales, less the 219 Towns	25·0

The total number of births registered in the Borough in 1910 was 1998, as compared with 2,039 in 1909. Of these 1,040 were boys and 958 were girls. This represents a birth-rate of 23·2 per 1,000, as compared with 23·9 per 1,000 in 1909, and 26·0 in 1908. I have extracted from the 72nd Annual Report of the Registrar-General of the Births, Deaths and Marriages in England and Wales the following figures, showing the great decline in the birth-rate during the last thirty years, calculated upon the female population of the country of child-bearing age, viz., between 15 and 45 years of age :—

ENGLAND AND WALES.—BIRTH-RATE PER 1,000 CALCULATED ON THE FEMALE POPULATION, AGED 15 TO 45 YEARS.

Years.	Years.	Years.	Years.	Years.	Year.	Year.	Year.	Year.
1881–85	1886–90	1891–95	1896–00	1901–05	1906	1907	1908	1909
144·3	133·4	126·8	118·8	112·5	108·3	105·1	106·1	102·3

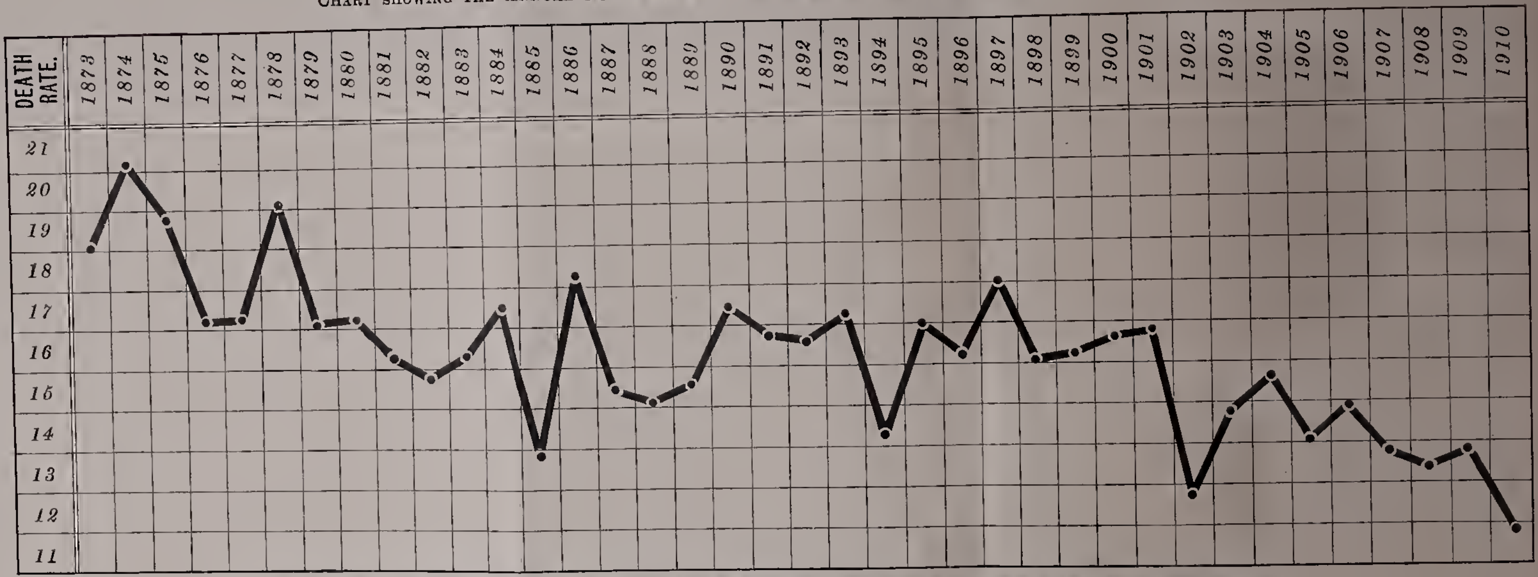
From the same report it is interesting to learn that the birth-rate in England and Wales attained the highest point on record in the year 1876. In order to measure the decrease that has since occurred, the mean annual rate in the quinquennial period 1876-80 is taken as a standard. "Calculated on the total population the fall in the birth-rate in the period under review amounted to 27½ per cent. (Warwickshire 25·8 per cent.). Based on the proportion of births to the number of possible mothers, *i.e.*, the total number of women living at child-bearing ages, the fall in the rate amounted to 33 per cent. in the same period; while the fertility of married women, based on the ratio of legitimate births to wives of conception ages, showed a decrease amounting to 29 per cent

Put in another way, if the fertility of married women in proportion to their numbers had been as high in 1909 as in 1876-80 the legitimate births would have numbered 1,240,649 instead of the 876,963 actually recorded, giving a legitimate birth-rate of 34·70, or 10·18 in excess of that recorded.

It will be seen that the effect of decrease in fertility of married women—due in some measure probably to their greater average age, but largely no doubt to deliberate restriction of child-bearing—is masked to some extent by the net result of the changes in the constitution of the population, so that these cannot be appealed to as helping to explain the fall in birth-rate.

The fact is also significant that at the last Census period, 1900-02, the fertility of English wives was lower than that recorded in any European country except France."

Chart showing the Annual Death Rate of Aston Manor for the past 38 years (1873–1910).



In the above Chart the death-rates since 1900 are calculated on the deaths of all persons *belonging to* Aston Manor, whether occurring in the Borough or in Institutions outside. Previous to this, only the death-rates of those registered in the Borough were calculated.

How much the decrease in the birth-rate of Aston Manor had altered the age distribution of its population at the Census of 1901 is shown by the following table :—

NUMBER OF PERSONS PER 1,000 OF THE POPULATION OF ASTON MANOR AT TEN DIFFERENT AGE PERIODS AT THE LAST THREE CENSUSES, 1881, 1891, 1901.

Year.	Under 5 Years.	5—10 Years.	10—15 Years	15—20 Years.	20—25 Years	25—35 Years.	35—45 Years.	45—55 Years	55—65 Years.	65 and Upwards.
1881	157	131	110	101	90	156	113	74	42	26
1891	127	123	119	107	97	162	113	78	46	28
1901	120	106	102	106	109	174	120	83	50	30

Deaths.

Number	1,025
Average Death-Rate for previous 10 years ...	14·7
Rate per 1,000, Aston Manor	11·9
,, ,, England and Wales ...	13·4
,, ,, 77 Large Towns	13·4
,, ,, 136 Smaller Towns ...	12·4
,, ,, England and Wales (less the 213 towns)	13·6

The number of deaths *registered within* the Borough of Aston Manor from all causes during 1910 was 824, as compared with 972 during the previous year. The deaths of males numbered 533, and 492 of females. The total number of deaths belonging to Aston Manor is obtained by adding to the 824 deaths *registered within* the Borough the deaths of all persons belonging to the Borough who died outside the boundary, chiefly in public institutions. As Aston Manor has no institution within its boundary, there are consequently no deaths of persons not belonging to the town to be deducted. The number of deaths to be added which occurred outside the Borough during the past year was 201, and were distributed as follows :—

General Hospital, Birmingham	66
Children's ,, ,, ...	10
Queen's ,, ,, ...	6
Homœopathic ,, ,, ...	1
City Asylums, ,, ...	1
Workhouse Infirmary, Erdington ...	89
Jaffray Hospital, Erdington	1
Maternity Hospital, Birmingham	3
County Asylum, Hatton	7
Aston Manor Scarlet Fever Hospital, Perry Barr	9
Other places	8
	201

The total of deaths for the Borough during 1910 was therefore 1,025, as compared with 1,188 in 1909. All these deaths have been carefully classified under different age periods of life and according to the diseases from which they were caused, which classification will be found in tabular form appended to this Report on pages

The general death-rate for Aston Manor for the year 1910 was 11·9 per 1,000 of the population, as compared with 13·9 per 1,000 in the preceding year, and 13·5 per 1,000 in 1908.

In recent years the general death-rate has shown substantial improvement, and during 1910 was one of the lowest on record, and considering that the density of the population of the Borough is 89·9 per acre, this rate, 11·9 per 1,000 of the population, was remarkably low.

The average death-rate of the Borough for the previous ten years was 14·7. The general death-rate for England and Wales for 1910 was 13·4, that of the 77 great towns 13·4, and the 136 smaller towns 12·4. This reduction in the general death-rate of the Borough has been principally brought about by the greatly lessened mortality from diarrhœa during the past three years. The proportion which the mortality at various ages bears to the total number of deaths during 1909 and 1910 is as follows :—

	1909.		1910.		
Under 1 year	22·0	per cent.	22·7	per cent.	deaths
1 to 5 years	13·7	,,	10·4	,,	,,
5 to 15 ,,	4·6	,,	4·2	,,	,,
15 to 25 ,,	3·8	,,	3·9	,,	,,
25 to 45 ,,	12·8	,,	14·7	,,	,,
45 to 65 ,,	21·6	,,	21·7	,,	,,
65 years and upwards	21·5	,,	22·4	,,	,,

Charts showing the birth and death rates of Aston Manor since 1873 are given in the Appendix.

SEVEN PRINCIPAL ZYMOTIC DISEASES (1901–1910).

	1901.		1902.		1903.		1904.		1905.		1906.		1907.		1908.		1909.		1910.		TOTALS.	
	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.
Smallpox ...	1	—	7	—	31	1	3	—	1	—	1	—	—	—	—	—	—	—	—	—	44	1
Measles	—	29	—	24	—	25	—	16	—	30	—	28	—	39	—	2	—	78	—	—	—	271
Scarlet Fever ...	309	15	361	18	383	19	175	7	164	6	324	7	345	4	261	12	425	10	447	16	3,194	114
Diphtheria ... (Membranous Croup)	60	9	62	7	52	7	48	6	62	10	107	22	101	22	78	12	64	10	45	6	679	111
Typhoid Fever ...	114	12	76	15	77	9	50	10	35	7	47	9	41	12	15	2	32	5	26	5	513	86
Whooping Cough	—	28	—	47	—	21	—	56	—	27	—	34	—	20	—	52	—	11	—	25	—	321
Diarrhœal Diseases	—	155	—	41	—	105	—	141	—	88	—	139	—	36	—	81	—	35	—	47	—	868
Totals ...	484	248	506	152	543	187	276	236	262	168	479	239	487	133	354	161	521	149	518	99	4,430	1,772

Zymotic Diseases.

	1910.	Average of previous 10 years.
Number of Deaths in Aston Manor ...	99	177
Zymotic death-rate, Aston Manor ...	1·1	2·2
Zymotic death-rate, England and Wales	0·99	
Zymotic death-rate, 77 large towns ...	1·23	
Zymotic death-rate, 136 smaller towns...	0·88	
Zymotic death-rate, England and Wales (less the 213 towns)	0·74	

During the past year 99 deaths occurred in the Borough from the class of specific febrile or epidemic disease designated as the seven principal Zymotic Diseases, under which heading are included Small-pox, Scarlet Fever, Measles, Whooping Cough, Diarrhœa, Diphtheria, Fever (including Typhus, Simple Continued, and Enteric).

The zymotic death-rate is calculated on the number of deaths per thousand of the population from these seven diseases, and was equivalent during 1910 to 1·1 per 1,000, as compared with 1·7 for 1909, and 1·9 for 1908. The average zymotic death-rate for Aston Manor for the previous ten years was 2·2.

The following table is included for comparison :—

	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Zymotic Deaths, Aston Manor	248	152	187	236	168	239	133	161	149	99
Zymotic Death Rate, Aston Manor	3·2	1·9	2·3	2·9	2·0	2·9	1·6	1·9	1·7	1·1
Zymotic Death Rate, England and Wales ...	2·05	1·64	1·46	1·94	1·94	1·73	1·26	1·29	1·12	·99

Infantile Mortality.

Total deaths of Infants under one year, 233.

	1910.	Average for previou 10 years.
Aston Manor Infantile death-rate per 1,000 births	109	150
England and Wales	106	
77 large towns	115	
136 smaller towns	104	
England and Wales, less 213 towns	96	

The infantile mortality of Aston Manor for 1910 was the lowest on record, 233 deaths of infants being registered under one year of age. Of these deaths, 219 were registered within the Borough, and to this number 14 more deaths of infants under one year of age have to be added, who, belonging to the town, died in institutions outside.

The infantile mortality rate calculated on the deaths of infants *registered within* the Borough was 109 per 1,000 births. If the 14 deaths of infants under twelve months registered outside be added, the infantile mortality rate per 1,000 births would be 116.

The infantile rate as taken by the Local Government Board in Table I. for statistical purposes is that calculated on the deaths and births *registered within* the Borough. This is somewhat less than the actual infantile death-rate calculated on all the deaths of infants under twelve months occurring in and out of the Borough, as shown in Local Government Board Table V., introduced six years ago. It will be seen that the infantile mortality rate of 109 for 1910 is much below the average for the previous ten years, which was 150, and that there is a marked tendency shown towards this rate declining in the Borough of late years is seen in the Table following. Nevertheless, it is a regrettable fact that out of every 1,000 babies born in the Borough 109 failed to live twelve months.

	Birth Rate.	*Death Rate.	Infantile Death Rate.	Zymotic Death Rate.
Average of decade, 1872–1881...	42·1	18·4	146	4·0
,, ,, 1882–1891...	34·1	16·1	145	2·7
,, ,, 1892–1901...	33·2	16·4	177	3·5
Year 1902	29·4	12·3	129	1·9
,, 1903	28·7	12·9	159	2·3
,, 1904	29·1	14·1	183	2·9
,, 1905	26·1	12·1	144	2·0
,, 1906	27·6	12·8	156	2·9
,, 1907	25·5	11·2	122	1·6
,, 1908	26·0	11·0	125	1·9
,, 1909	23·9	11·4	120	1·7
,, 1910	23·1	9·5	109	1·1
For England and Wales, 1910	24·8	13·4	106	·99

* Rate calculated on deaths *registered in* the Borough only.

The poorer classes living in small and back-to-back houses usually contribute a higher infantile mortality than those living in towns of a more residential or affluent character, and as Aston Manor consists mainly of the former and is very densely populated for its area, it is a matter of satisfaction to note the continued decline in the death-rate of infants under one year of age.

Among the infant population generally "wasting diseases" and "diarrhœal diseases" account, as a rule, for the greater loss of life, and one of the principal factors in their causation is without doubt the deprivation of the natural breast milk and consequent resort to artificial or hand-feeding.

Unsuitable diets are often persisted in, which the infant's stomach rejects, or its tissues fail to assimilate, and many a baby's life is sacrificed through the inability of those about the child to understand that feeding and nourishing are not quite the same thing. The ill-effects of artificial feeding of infants become exaggerated in hot weather on account of the greater liability to contamination of food from dust and flies, milk food often becoming acid, and developing bacteria in the course of a few hours, although there be outwardly no apparent change. Since the adoption of the Notification of Births Act, 1907, the notice of the birth of a child is received within two days of the event, and enables the Lady Health Visitor to pay early visits to the homes and give advice to the mother as to the proper feeding and management of the infant, and this has been attended with the most encouraging results. It is a notable fact that since the appointment of Health Visitors five years ago, the Infantile Death-rate has decreased 60 to 70 per 1,000 in Aston Manor.

The following table gives the total births and deaths for the past ten years, with the total deaths from diarrhœal diseases, and the infantile mortality calculated (*a*) on infantile deaths *occurring within the district only*, and (*b*) on *all infantile deaths belonging to the district* :—

Year	Total Births.	Total Deaths.	Deaths under one year occurring		Total Deaths from Diarrhœal Diseases.	Deaths under one year per 1,000 births registered, calculated on	
			In district only.	All deaths whether in or out of district		Deaths in district only.	All deaths whether in or out of district
1901	2419	1281	465	Not available	155	192	Not available
1902	2311	1016	299	do.	41	129	do.
1903	2282	1179	362	374	105	159	164
1904	2336	1277	428	438	141	183	187
1905	2129	1152	307	318	88	144	149
1906	2270	1226	355	368	139	156	162
1907	2128	1153	260	268	36	122	126
1908	2198	1138	275	289	81	125	131
1909	2039	1188	251	261	35	120	128
1910	1998	1025	219	233	47	109	116

I submit a list of the principal causes of the 233 infantile deaths in the Borough during 1910, viz.:—

Whooping Cough	8
Measles	—
Diarrhœal Diseases	32
Enteritis and Diseases of Digestive System ...	15
Bronchitis and Pneumonia	48
Debility and Marasmus	32
Premature Birth	37
Congenital Malformations, Atelectasis, and Injury at Birth	15
Meningitis	6
Convulsions	13
Suffocation in bed with parents	8
Other causes	19
	233

VITAL STATISTICS OF WHOLE DISTRICT DURING 1910 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents register'd in Public Institutions in the District.	Deaths of residents register'd in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.	
				Under year of Age		At all Ages.						
		Number.	Rate.	Number.	Rate per 1,000 Births register'd	Number.	Rate.				Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	76,630	2,516	32·8	422	167	1,278	16·7	No Public Institutions.	Ditto.	4	1,282	16·7
1901	77,560	2,419	31·1	465	192	1,229	15·8			52	1,281	16·7
1902	78,481	2,311	29·4	299	129	969	12·3			47	1,016	12·9
1903	79,417	2,282	28·7	362	159	1,031	12·9			148	1,179	14·8
1904	80,363	2,336	29·1	428	183	1,136	14·1			141	1,277	15·8
1905	81,320	2,129	26·1	307	144	986	12·1			166	1,152	14·1
1906	82,288	2,270	27·6	355	156	1,053	12·8			173	1,226	14.9
1907	83,266	2,128	25·5	260	122	935	11·2			218	1,153	13·8
1908	84,256	2,198	26·0	275	125	930	11·0			208	1,138	13·5
1909	85,257	2,039	23·9	245	120	972	11·4			216	1,188	13·9
Averages for years 1900-1909.	—	2,263	28·0	342	150	1,052	13·0	—	—	—	1,189	14·7
1910	86,269	1,998	23·2	219	109	824	9·5	—	—	201	1,025	11·9

Average number persons per house, 4·78. Inhabited houses at Census, 16,129. Population at Census, 77,316.

Infectious and other Diseases.

Prevention of Disease.

Notification of Infectious Diseases.

Notifications of 581 cases of infectious diseases were received from medical practitioners during 1910. The fees for notification for the year amounted to £71 14s. 6d.

CASES OF INFECTIOUS DISEASES NOTIFIED IN EACH MONTH OF 1910.

1909.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	3	2	2	5	—	4	2	3	5	7	4	5	42
Memb. Croup ...	—	—	—	—	1	—	1	1	—	—	—	—	3
Erysipelas ...	4	2	7	4	3	8	3	3	7	4	—	11	56
Scarlet Fever ...	22	31	26	51	31	30	41	34	45	46	54	36	447
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever...	5	3	—	6	3	2	1	2	1	2	1	—	26
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Simple Cont. Fev	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	1	1	1	1	—	1	1	—	—	—	1	7
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	34	39	36	67	39	44	49	44	58	59	59	53	581

During the past year your Medical Officer has obtained reports from the sanitary staff on all these cases, and 651 notices have been sent to head teachers acquainting them of infectious diseases in the homes of school children; 509 houses were fumigated after infectious disease, 550 lots of bedding and clothing were disinfected in the apparatus, and 439 premises stripped and limewashed after the convalescence or removal of infectious cases; 366 cases of scarlet fever occurring in the district were admitted to your Infectious Hospital.

INFECTIOUS DISEASES NOTIFIED IN ASTON MANOR SINCE THE ADOPTION OF THE NOTIFICATION ACT IN 1890

YEAR.	Smallpox.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhoid Fever.	Simple Continued Fever.	Puerperal Fever.	Total.
1890 ... (Six Months)	—	32	6	56	305	28	—	2	429
1891 ...	—	44	2	38	336	44	3	6	473
1892 ...	—	44	1	83	406	57	1	6	598
1893 .	126	47	5	83	214	121	6	12	614
1894 ...	202	44	14	80	136	35	—	6	517
1895 ...	34	109	6	98	413	41	—	4	705
1896 ...	—	204	18	78	596	82	—	10	988
1897 ...	—	90	12	67	376	78	3	4	630
1898 ..	—	73	10	68	169	108	1	4	433
1899 ...	—	68	10	62	128	185	1	—	454
1900 ...	—	82	4	87	406	145	2	12	738
1901 ...	1	50	10	79	309	114	—	6	569
1902 ...	7	58	4	68	361	76	—	5	579
1903 ...	31	44	8	59	383	77	—	4	606
1904 ...	3	37	11	73	175	50	—	7	356
1905 ...	1	53	9	63	164	35	1	1	327
1906 ...	1	99	8	71	324	47	—	7	557
1907 ...	—	92	9	88	345	41	—	5	580
1908 ...	—	75	3	61	261	15	—	7	422
1909 ...	—	63	1	72	425	32	1	6	600
1910 ...	—	42	3	56	447	26	—	7	581
Totals ...	406	1450	154	1499	6674	1437	19	121	11756

WARD DISTRIBUTION OF CASES OF, AND DEATHS FROM, SMALLPOX, DIPHTHERIA (AND MEMBRANOUS CROUP), SCARLET FEVER, AND TYPHOID FEVER.

WARD	SMALLPOX.			DIPHTHERIA AND MEMBRANOUS CROUP.			SCARLET FEVER.			TYPHOID FEVER.			TOTAL.		
	Cases.	Deaths.		Cases.	Deaths.		Cases.	Deaths		Cases.	Deaths.		Cases.	Deaths.	
		In Ward.	Out of District.		In Ward.	Out of District.		In Ward.	Out of District.		In Ward.	Out of District.		In Ward.	Out of District.
Brook Ward	—	—	—	9	1	1	60	—	—	14	3	—	83	4	1
Lozells Ward	—	—	—	5	—	—	66	1	—	3	—	—	74	1	—
Park Ward	—	—	—	12	2	—	103	3	4	4	—	1	119	5	5
Reservoir Ward	—	—	—	10	2	—	89	2	4	2	—	—	101	4	4
Six Ways Ward	—	—	—	3	—	—	64	—	1	2	—	1	69	—	2
Villa Ward	—	—	—	6	—	—	65	1	—	1	—	—	72	1	—
Totals	—	—	—	45	5	1	447	7	9	26	3	2	518	15	12

The following is a Table of the Ages at which all the cases of Infectious Diseases notified during 1910 occurred :—

AGES.	Small-pox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Typhoid Fever.	Relapsing Fever.	Simple Continued Fever.	Puerperal Fever.	TOTALS.
Under 1 Year	—	—	1	—	1	7	—	—	—	—	—	9
1 to 5 Years ...	—	—	14	2	4	133	—	—	—	—	—	153
5 to 15 ,, ...	—	—	17	1	6	258	—	14	—	—	—	296
15 to 25 ,, ...	—	—	7	—	5	29	—	3	—	—	—	44
25 to 65 ,, ...	—	—	3	—	35	20	—	9	—	—	7	74
65 Years and upwards	—	—	—	—	5	—	—	—	—	—	—	5
TOTALS ...	—	—	42	3	56	447	—	26	—	—	7	581

Measles.

	1910.	Average of previous 10 years.
No. of Deaths	0	30

Whooping Cough.

	1910.	Average of previous 10 years.
No. of Deaths	25	33

The above diseases are dealt with under the same heading, as they frequently cause more deaths yearly than all the other infectious diseases taken together. During the past year whooping cough showed an increase in its prevalence, accounting for 25 deaths, as compared with 12 in 1909, eight of the deaths being of children under one year of age.

During the whole of the year there has been no epidemic of measles, and no necessity to close any of the Infants' Departments of schools in the Borough.

Further, it is a remarkable fact that there has been no death recorded from measles during the year, which is the more astonishing when we consider the dense population of over 86,000.

During the year leaflets have been distributed when required with regard to each of the prevalent infectious diseases to the householders of the Borough. The leaflets for measles and whooping cough were drawn up especially for use through the Education Department owing to a threatened epidemic of these diseases towards the end of the year.

The wording of the leaflets was as follows :—

BOROUGH OF ASTON MANOR.

Advice with Regard to Measles.

1. Measles is a very dangerous disease, and when epidemic kills three times as many children in Aston Manor as scarlet fever. For this reason it is advisable to obtain medical advice in all cases.

2. Measles is dangerous, chiefly because it is considered a slight ailment, and proper care is not taken of the patients. Many children, suffering from measles, get bronchitis and inflammation of the lungs.

3. Children are not bound to have measles, and the older they are when they get it the less likely they are to die from it.

4. Measles is very infectious, and the first symptoms are coughing, sneezing, redness of the eyes, and running of the eyes and nose.

5. If a child gets measles, put it in a room away from the other children, and keep it away from them for four weeks. When the child is recovering, it should have a daily bath. No neighbours' children should be allowed to come to the house while there is measles in it.

6. At the end of four weeks, if the patient has recovered, cleanse the room by washing every article of clothing, bedding, etc., by beating and airing the carpet, and by wiping down the walls, and washing the floor, paintwork, and furniture, with soap and warm water.

7. All the children who are attending Infants' Departments and all those who have not had measles must be kept away from school and Sunday school till the sick room has been cleansed and all infected clothing has been washed.

CAUTION.—Every person suffering from measles is forbidden to enter a tramcar, cab, or other public conveyance, or go to any public meeting place, under a heavy penalty.

W. H. WHITEHOUSE, M.D.
Medical Officer of Health.

Borough of Aston Manor.

Advice with Regard to Whooping Cough.

1. Whooping Cough is a very dangerous disease, and causes more deaths in Aston Manor than Scarlet Fever.

2. The danger of the disease chiefly arises from the lung complications.

3. The patients should, if possible, wear wool or flannel next to the skin.

4. If the vomiting is excessive it is advisable to give frequent small meals, and the best time to feed a child is immediately after a fit of coughing.

5. If any signs of chest complications arise, such as shortness of breath, "wheezing," or very frequent coughing, medical advice should be obtained at once.

6. Whooping cough is very infectious, and children suffering from it must be kept away from school and Sunday school and from other children until after the vomiting has ceased, and for about five weeks from the beginning of the disease.

7. When there is Whooping Cough in a house no children of friends or neighbours should be allowed to come to the house.

8. After the whoop has gone, the room occupied by the patient should be thoroughly cleansed. The clothing and handkerchiefs used by the patient should be thoroughly washed and left in boiling water for an extra long time.

CAUTION.—Every person suffering from Whooping Cough is forbidden to enter a tramcar, cab, or other public conveyance, or to go to any public meeting place, under a heavy penalty.

W. H. WHITEHOUSE, M.D.

Medical Officer of Health.

The Education Committee has continued the arrangement by which the Attendance Officers of the Committee supply weekly returns of all children absent from Public Elementary Schools of the Borough suffering from non-notifiable infectious diseases, such as measles, whooping cough, chicken-pox, etc. These reports, often supplemented by special daily ones, have shown the prevalence of such diseases, and the locality affected, and have led to steps being taken in order to try and prevent or curtail their spread.

The great advantage of the early closure of Infant Schools infected with measles is that by delaying attacks of measles in children to a later age in life, it is, if contracted, less likely to prove fatal, and greater immunity from the disease is also obtained each year. It is a wise step in my opinion to exclude all children under school age during a severe epidemic. As regards the exclusion of children from school in infected households, we follow the recommendations of the Board of Education on the matter.

Although there is reasonable ground for the opinion that measles is not readily, if at all, conveyed to school by healthy children coming from infected households, it is desirable, particularly in view of the greater fatality of attacks of measles in children under seven years of age, to assume the possibility of such spread by intermediaries in regard to scholars attending the infant school, and to act accordingly as stated below :—

FROM THE BOARD OF EDUCATION RULES FOR THE EXCLUSION OF INDIVIDUALS.

(1) *As regards children suffering from the disease.*

Children attacked by measles should be kept from school for four weeks.

(2) *As regards other children living in infected houses.*

(*a*) In large towns, and in the smaller districts in which the majority of children over seven years of age who are attending public elementary schools have had measles, the practice is frequently adopted, when measles breaks out in a household, of excluding from school attendance only those children of the same household who attend the infant school, and those older children of the same household who have not had measles. These particular children of the same household should be excluded from school until 21 days from the date of onset of the illness of the last patient with measles in the house.

(*b*) The above procedure, modified if necessary, can be recommended as the result of experience in large districts. The schedules for the medical inspection of school children, if kept carefully, will, in course of time, place at the disposal of the Medical Officer of Health and of the School Medical Officer the history of each child as to measles, as well as to other infectious diseases, and they will thus be able to decide, when a case of measles occurs in a particular class, which scholars in that class should, and which should not, be excluded from attendance at school.

Rules for School Closure.

School closure has probably more frequently taken place on account of epidemics of measles than for any other disease, but as the closure has been commonly deferred until a large proportion of the children are already absent, it has proved useless, in populous districts at least, for the purpose of preventing the spread of the disease.

If measles is introduced into a school, the first crop of secondary cases will occur about 12 days after the original case, and in 12 days more there will be a second crop comprising the majority of the unprotected children. Thus school closure, as ordinarily practised after the second crop of cases has occurred, fails to prevent an epidemic. In view of this experience a class closure of short duration after the occurrence of the first case of measles in the class may be substituted, the class being closed on the ninth day after the sickening of the first child, for a period of five days only. After this period, only those who have sickened need be excluded, along with those in the same households who have not had measles or who attend the infant school.

Whooping Cough.—The rules as to exclusion from or closure of school for whooping cough should be similar to those for measles, except that the infection of whooping cough probably lasts six weeks, and the children in the house who attend the infant school should therefore be excluded from school for this period—or as long as the cough continues.

The following table shows the monthly number of deaths from measles during the past five years:—

Year.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
1906	5	1	—	—	1	2	4	1	—	1	6	7	28
1907	10	11	4	5	5	1	2	—	—	—	1	—	39
1908	—	—	—	—	—	1	—	—	—	—	—	1	2
1909	3	23	44	2	1	2	2	1	—	—	—	—	78
1910			—		—	—	—	—	—	—	—	—	—

The following table shows the number of deaths from measles and whooping cough during each of the past ten years :—

DEATHS FROM	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	Total.
Measles ...	29	24	25	16	30	28	39	2	78	—	271
Whooping Cough...	38	47	21	56	27	34	20	52	12	25	332

I submit a table for the past ten years to show the number of deaths from measles and whooping cough below five years of age, as compared with those occurring over that age :—

Disease.	Age.	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	Total.
MEASLES	Under 5 years	26	22	25	15	28	24	38	2	68	—	248
	Over 5 years	3	2	—	1	2	4	1	—	10	—	23
	Total ...	29	24	25	16	30	28	39	2	78	—	271
WHOOPING COUGH	Under 5 years	37	45	21	53	27	34	20	47	11	24	319
	Over 5 years	1	2	—	3	—	—	—	5	1	1	13
	Total ...	38	47	21	56	27	34	20	52	12	25	332

Diphtheria and Membranous Croup.

	1910.	Average of previous 10 years.
Number of Cases	45	72
Number of Deaths	6	12
Death-rate per 1,000, Aston Manor...	0·07	

These two diseases are grouped together, as they are symptomatic of each other, and the terms are regarded as synonymous. This method is also adopted by the Registrar-General, and therefore allows of comparison. The total number of cases notified of diphtheria and membranous croup was 45, a decrease of 19 as compared with 1909. Six deaths were registered during the year as compared with 10 during the previous year, the mortality rate per 1,000 for the year being again reduced, viz.. 0·07.

The cases were fairly evenly scattered over the Borough, but the disease was most prevalent in the latter quarter of the year, when 19 of the cases were notified.

It will be seen from the age table, on page 36, that the largest number of attacks occurred between 1—15. Four of the six deaths occurred under five years of age, and two under ten years of age.

Park Ward showed the greatest incidence from this disease, as shown on page 35. The age of each person affected is seen on page 48.

When the patient is treated at home no other child from the same house is allowed to attend school while the patient is infectious, nor for four weeks afterwards.

Contacts.

The examination of the throats of contacts whenever practicable, by bacteriological means, is a most important aid to precautionary measures against the spread of diphtheria. Should a positive result be obtained in the case of children showing no evidence of diphtheria, the presence of some measure of infection is assumed, and much valuable light on the origin of outbreaks is obtained. Particular attention is paid in the schools to those children who have been absent without known cause, or who show evidence of pallor, enlarged glands or sore noses.

THE DIPHTHERIA ANTI-TOXIN (OUTSIDE LONDON) ORDER, 1910.

Your Committee have had under consideration the provisions of this Order, which relate to the use of Diphtheria Anti-Toxin in cases of disease as well as for the prevention of the disease as for the prevention of its extension.

They have also had a report from your Medical Officer thereon, who is of opinion that the adoption of the Order is a most necessary measure, and adds that the prompt administration of anti-toxin goes far towards preventing the attack of diphtheria from being fatal.

After giving the matter their careful consideration, your Committee have adopted the following recommendations of your Medical Officer, viz. :—

(*a*) That the Council keep a supply of anti-toxin at the Council House, procured by contract from a good firm, such a supply to be returned to the contractors and replaced if not used.

(*b*) That all the medical men, including Poor Law Medical Officers, in the district be notified by a circular letter that they may have from the Health Department anti-toxin sufficient for their purposes upon sending a written order stating the name, age and address of the patient, together with the doctor's name, and stating that it is to be used for a poor inhabitant of the Borough. In this circular letter it is desirable that emphasis should be laid on the importance of prompt treatment by anti-toxin, and the saving of life which may be effected.

(*c*) That where there is a practitioner in attendance he will in ordinary circumstances be the person to administer the anti-toxin.

(*d*) That where there is no doctor in attendance, the Medical Officer of Health provides the necessary medical assistance both in cases of the disease and as a preventive measure after exposure to infection, as required by this order extending his duties.

Where from any special circumstances a Medical man in attendance is unable to make use of anti-toxin without delay, it shall be the duty of the Medical Officer of Health, at the request of the practitioner in writing, to immediately give a dose as a prophylactic or curative measure.

Following the adoption of this Order a circular letter was duly sent to all medical men practising in the district, encouraging them to use anti-toxin when indicated, and pointing out the facilities for obtaining it, at any hour of the day or night, on a written application at the Council House—the serum to be given out on an order signed by a medical man, which must also state the name, age and address of the patient to whom it is intended to be administered.

The following table gives the sanitary circumstances of notified cases of diphtheria during 1910 :—

SANITARY CIRCUMSTANCES OF NOTIFIED CASES OF DIPHTHERIA, 1910.

Folio No.	Street.	Ward No.	Age.	Sex.	Closet Accommodation.	Paving of Yards.	Paving of Passages.	Sanitary Defects and Remarks.
13	52, Tower Road ...	4	3	F.	W.C. common to 2 houses	Paving Bricks and Earth	Paving Bricks, Blue	Damp walls and defective paving near cellar.
17	320, Lichfield Road .	5	14	F.	W.C. Joint defective	" "	" "	——
30	36 court, 6 house, Vicarage Road	6	14 mths	F.	2 W.C.'s to 4 houses	Paving Bricks	" "	Fatal. D traps in use.
42	106 Clarendon Street...	4	4	M.	3 Privies to 4 houses	" "	" "	——
46	12, Whitehouse Street...	4	4	M.	W.C. good	" "	" "	Fatal. Case in house two years before, which recovered ; drainage good.
71	61, Sutherland Street...	5	4	M.	W.C. good	" "	" "	Paving Bricks sunken in yard.
93	131, Wills Street ...	1	17	F.	W.C. good	" "	" "	Employed at a Tea Company.
101	25, Portland Street ...	5	4¾	M.	2 W.C.'s to 4 houses	" "	" "	——
104	6 court, 5 house, Pugh Road	6	22	M.	2 W C.'s to 6 houses	" "	" "	Child in house with Scarlet Fever.
116	37, Church Street ...	1	3	M.	W.C. good	" "	" "	——
117	131, Wills Street ...	1	19	M.	W.C. good	" "	" "	Second case in house.
138	26, Little Oaks Road ...	3	9	M.	W.C. good	" "	" "	Child removed from house with Scarlet Fever two weeks previously.

SANITARY CIRCUMSTANCES OF NOTIFIED CASES OF DIPHTHERIA, 1910—*continued.*

Folio No.	Street.	Ward No.	Age.	Sex.	Closet Accommodation.	Paving of Yards.	Paving of Passages.	Sanitary Defects and Remarks.
210	32 court, 1 house, Park Lane	4	9	F.	6 W.C.'s to 12 houses	Paving Bricks	Paving Bricks	Back-to-back houses.
214	17, Gordon Street .	1	6	M.	W.C. good	" "	" "	——
220	535, Lichfield Road ..	5	5	F.	W.C. good	" "	" "	Sale of milk discontinued from shop.
230	90. Church Street ...	1	8	M.	W.C. good	" "	" "	——
243	1, Williams' Buildings, Aston Lane	5	8	M.	4 W.C.'s to 8 houses, 2nd W.C. choked	" "	" "	Fatal. Scarlet Fever in house six months previously.
247	117, Grosvenor Road ...	5	8	F.	W.C. good	" "	" "	Case of Scarlet Fever in house two months previously.
304	66, Barker Street ...	1	11	M.	W.C. good	" "	" "	Moved into district three days before; had been staying in Derby, at a house where children had sore throats.
319	2, back 75 Queen's Road	6	9	F.	W.C. good	" "	" "	——
328	24, Sycamore Road ..	6	14	F.	W.C. good	" "	" "	Rheumatism in house as well.
337	22, Sutherland Street...	5	1½	M	W.C. good	Paving Bricks and Earth	" "	Fatal.
340	15 back 79, Phillips Street	4	10 mths	M.	W.C. good	" "	" "	In Eye Hospital.

SANITARY CIRCUMSTANCES OF NOTIFIED CASES OF DIPHTHERIA, 1910—*continued.*

Folio No.	Street.	Ward No.	Age.	Sex.	Closet Accommodation.	Paving of Yards.	Paving of Passages.	Sanitary Defects and Remarks.
347	22, Sutherland Street...	5	27	M.	W.C. good	Paving Bricks and Earth	Paving Bricks, Blue	Second case in house.
374	61, Queen's Road ...	6	5	M.	W.C. good	" "	" "	Fatal. Heart failure.
376	26, Stretton Road ...	4	19	F.	W.C. good	" "	" "	Worker in brass fittings.
389	36, Frederick Road ...	6	19	M.	W.C. ball trap defective	" "	" "	Employed at Hairdressers.
396	10, Stafford Avenue, Sutton Street	4	5	F.	W.C. good	" "	" "	—
407	125, Tower Road ...	4	5	M.	W.C. good	" "	" "	—
409	204, Albert Road ...	3	17	M.	Privy midden ...	" "	" "	—
418	28, Whitehead Road ...	3	24	F.	W.C. good	" "	" "	—
419	8, Victoria avenue, Whitehouse Street	4	6	F.	W.C. good	" "	" "	Fatal (four days). Syncope.
427	110, William Street ...	2	30	F.	4 W.C.'s to 12 houses	Paving Bricks	Paving Bricks	Doubtful case. Two medical men, one only diagnosed Diphtheria.
464	24, Mansfield Road ...	3	13	F.	W.C. good	" "	" "	Two others had sore throats in house.
483	84, Wills Street ...	1	27	F.	W.C. good ...	" "	" "	—
489	5, Dawlish Place, Sutherland Street	5	3	M.	4 Automatic W.C.'s to 9 houses	" "	" "	Was taken to Children's Hospital and operated upon.

SANITARY CIRCUMSTANCES OF NOTIFIED CASES OF DIPHTHERIA, 1910—*continued.*

Folio No.	Street.	Ward No.	Age.	Sex.	Closet Accommodation.	Paving of Yards.	Paving of Passages.	Sanitary Defects and Remarks.
503	2, back 140 Wilton Street	2	5½	F.	2 W.C.'s to 6 houses	Paving Bricks	Paving Bricks	Back-to-back house, another child in house with sore throat.
507	85, Sandy Lane ..	5	6	F.	1 W.C. good ..	" "	" "	Anti-toxin used.
517	212, Albert Road	3	5	M.	W C. good	" "	" "	Anti-toxin used; child removed from his home at Handsworth because of illness of another child, which has since turned out to be Diphtheria.
522	Back 46, Lichfield Road	5	2½	F.	W.C. good	" "	" "	One child in house returned from Hospital one month previously. Scarlet Fever.
544	Back 90, Lenox Street	2	5	M.	1 W.C. to 3 houses ..	" "	" "	In City Isolation Hospital.
493	25 George Street ...	1	5 m'ths	F.	W.C.	" "	" "	Anti-toxin used.
*177	1, Bright Terrace, Bright Street	6	16	F.	2 W.C.'s to 4 houses	Paving Bricks, Blue	Paving Bricks, Blue	Back-to-back house. Anti-toxin used at Children's Hospital.
*256	5 house, 15 court, Park Road	6	7	F.	3 W.C.'s to 6 houses	" "	" "	Back-to-back house.
*323	25, Village Road ...	6	5	F.	W.C. good.. ...	" "	" "	Through house.

* Out of the 45 cases notified, the last three were notified as Membraneous Croup.

Ward No. 1—Villa; 2—Lozells; 3—Six Ways; 4—Brook; 5—Reservoir; 6—Park.

Scarlet Fever.

	1910.	Average of previous 10 years.
Number of Cases	447	315
,, Deaths	16	10
Death-rate per 1,000, Aston Manor	0·18	

The number of cases of this disease notified during the year 1910 was in excess of that in the previous year, and the virulence of the type in 1910, as indicated by the number of deaths, was greater, especially towards the end of the year.

The disease was fairly evenly distributed over the Borough, as shown upon reference to the ward table on page 35. The greatest incidence was in Park Ward, and the least in Brook Ward.

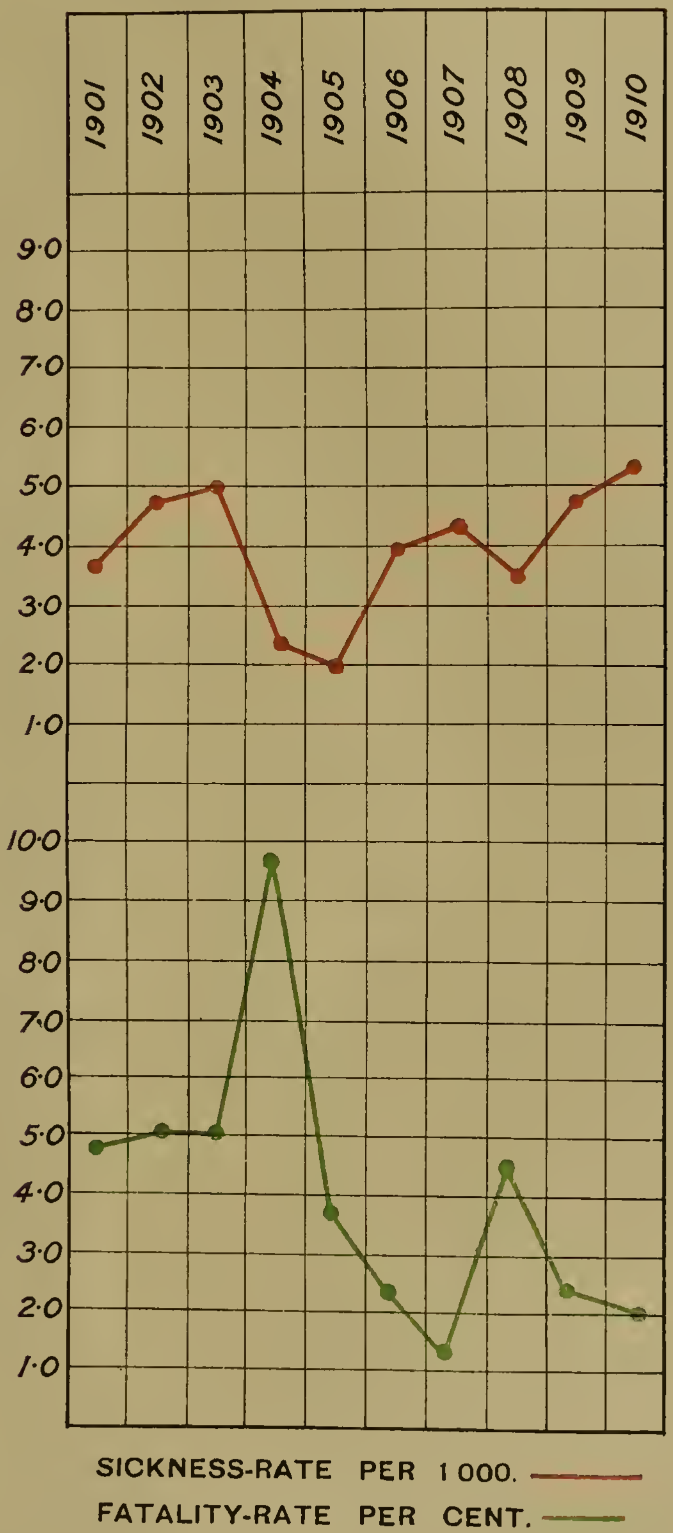
During the first quarter of the year 79 notifications were received, during the second quarter 112, the third quarter 120, but during the last quarter there were 136—46 in October, 54 in November, and 36 in December, making a total of 447 cases notified during 1910, as compared with 425 in the preceding year. These 447 cases were mainly of a mild type, and occurred in 346 houses; 366 were removed to the Aston Manor Fever Hospital, representing a percentage of 80 cases isolated. Sixteen deaths occurred among the 447 notified cases, viz., 7 at home and 9 in the hospital.

Out of the cases treated at home 8·6 per cent. died, whilst of those treated at the Aston Manor Isolation Hospital only 2·4 per cent died, thus showing that the Institution thoroughly justifies its existence.

Scarlet fever is a variable disease, some cases being of a most malignant form, whilst others are of a mild form. Even in the latter type complications may arise. Some attacks are so mild as to escape recognition

CHART.

SCARLET FEVER.



altogether, thereby acting as "carriers" and being the means whereby this complaint is spread, which partly accounts for the difficulty and often impossibility of tracing the source of infection. Contaminated milk, food, water supply, overcrowding, and insanitary conditions play an important part in the spread of scarlet fever and zymotic disease generally. It is by these mild missed cases or "carriers" that infection is spread, especially in schools, although the work done by medical inspection of school children has done much to reduce one great source of infection. Complications or sequelæ may follow even in the mildest of cases: such as otorrhœa, mastoiditis, nephritis, or albuminuria, rheumatism, rhinitis, and secondary glandular affections forming abscesses. As any one or more of these complications may occur in the same patient, prolonging his recovery, the uncertainty, variability, and treacherousness of this complaint can be understood. Bacteriology has not as yet been of any help in defining when a patient is free from infection, therefore the difficulties of discharge of such cases from scarlet fever hospitals into homes where there are other susceptible children can be realised, especially as any eczematous condition of the mouth, nostril, or ear is known to be highly infective. In some cases a patient may be released who has escaped any of the above-named complications in six weeks, whereas another may have to be isolated for prolonged periods, for any one or more of these lesions, and released even then with some risk lest a "return" case be the result.

The following table shows the effect of school holidays on the case-incidence of disease during 1910. It will be seen that while there was a reduction in the number of cases during the four weeks the schools were closed, there was a marked increase during the following four weeks. This was most marked at school ages 5—15. This may not be wholly due to school influence, but may be associated with the autumnal prevalence which is characteristic of this disease.

Periods.	Cases notified.			Increase or decrease.			Total
	Age 0-5	Age 5-15	Age 15 & up	Age 0-5	Age 5-15	Age 15 & up	
June 20th to July 21st	8	29	5	—	—	—	42
Schools closed. July 22nd to August 20th	13	17	6	+5	-12 -6	+1	36
August 22nd to Sept. 17th	14	24	3	+1	+7 +5	-3	41
	35	70	14				

The procedure by the Health Department for the prevention of the spread of scarlet fever in the Borough has consisted of systematic weekly visits to the houses where cases were isolated at home by the Sanitary Inspector or one of his staff. Reports were made on receipt of each notification to the Medical Officer of Health, as to the milk, water supply, sanitary arrangements, drainage, school or department attended by the patient and rest of the family, state of the house, outbuildings, number in house, and means of isolation, these reports being entered into an Infectious Disease Register, where the results of subsequent weekly visits to enforce isolation are also recorded. Notices were sent to the head teacher of each school where children attended from infected homes, requiring exclusion of these children from school until a further certificate was sent that the house was cleansed and disinfected to the satisfaction of the Medical Officer of Health after recovery or removal of the patient. A record is also kept of each case connected with a school and the departments affected, which permits of the incidence of this disease being under continual observation, also a spot map of the notified cases is kept in the Medical Officer of Health's office. Where cases are removed to hospital the usual routine followed was fumigation, the removal of infected bedding and clothing to the Borough steam disinfector, Chester Street, and the stripping and limewashing of the infected houses or parts thereof on the certificate of the Medical Officer of Health.

To those medical practitioners who were good enough to certify at the time of notifying the cases the fitness of the patient for removal to hospital, I beg to tender my thanks.

The following is a summary for the past ten years of the number of cases, infected homes, and the means taken to prevent the spread of this disease— :

YEAR.	Cases of Scarlet Fever Reported.	Infected Houses.	Deaths registered, including those in Hospital.	Houses stripped and disinfected on Medical Certificate.	Lots of Clothing and Bedding disinfected at Apparatus.	Cases isolated in Hospital.	Percentage of cases isolated.
1901	309	253	15	240	279	165	53
1902	361	289	18	276	304	223	62
1903	383	292	19	311	321	248	65
1904	175	142	17	157	159	120	68
1905	164	121	6	107	132	127	77
1906	324	253	7	276	281	268	82
1907	345	285	4	298	286	277	80
1908	261	247	12	233	244	193	74
1909	425	365	10	358	372	340	80
1910	447	346	16	394	409	366	82

Zymotic Diarrhœa.

	1910.	Average of previous 10 years.
Number of Deaths	47	99
Death-rate per 1,000 in Aston Manor	0·5	—

Zymotic diarrhœa was the cause of 47 deaths during the past year, as compared with 35 during 1909, showing a great decrease on the average of the previous ten years.

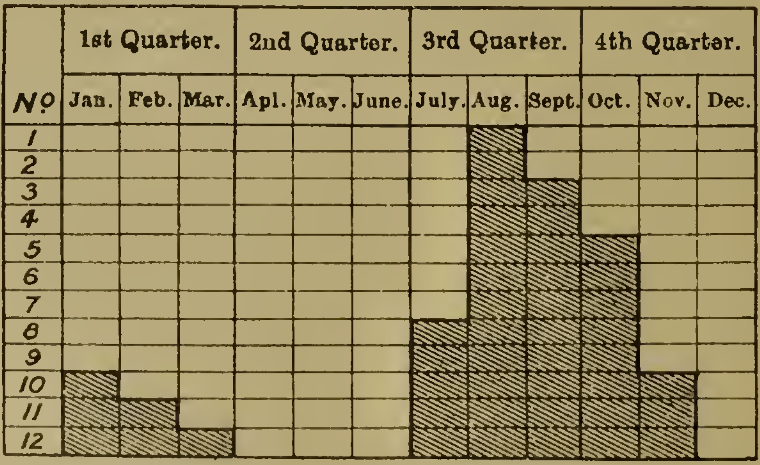
No fewer than 32 of these deaths occurred in infants under twelve months, and ten in children under five years of age.

The deaths were registered under the following names :—

Acute Infective Enteritis	6
Gastric Catarrh	5
Gastro-Enteritis	2
Diarrhœa	8
Epidemic Diarrhœa	20
Zymotic Enteritis	6
	47

The following accompanying chart shows the seasonal distribution of the 47 diarrhœal deaths :—

Year 1910.



The chart illustrates the fact that dry hot weather is necessary for fatal diarrhœa to become prevalent. In August the number of deaths reached 12, whilst in September, the next hottest month, there were 10 deaths. In the first part of October there were 8 deaths, but later in the month the weather became wet and cold and there was a corresponding check in the diarrhœal mortality. On the whole, therefore, we may say that dry hot weather is requisite for fatal diarrhœa. Why meteorological conditions produce such serious results cannot altogether be explained. It may be that a hot summer lowers the resistance of infants and renders them more liable to the disease. Again, it may be that hot weather increases the number of domestic flies and consequently the risk of contamination of milk and other infant foods. I am inclined to the opinion that summer diarrhœa is due to organisms derived from human or animal filth, and that the prevalence of the complaint during hot summers is due, first to the amount of dust prevalent during a dry summer, and secondly to the opportunity afforded by high temperatures for the growth of infecting organisms in milk and other infant foods. Hand-fed infants are specially liable to fatal attacks for two reasons, first because they run more risk of infective material being introduced with their food, and secondly because hand-feeding, unless conducted with the greatest circumspection, and with the most careful adaptation to the digestive capacity of the individual child, is apt to induce intestinal catarrh or other digestive disturbances, which render the bottle-fed babies unduly susceptible to diarrhœal disease.

The mean annual death-rate per thousand from diarrhœal diseases in Aston Manor for the past ten years was as follows :—

1901	...	2.00	1906	...	1.68
1902	...	0.5	1907	...	0.43
1903	...	1.3	1908	...	0.96
1904	...	1.7	1909	...	0.41
1905	..	1.08	1910	...	0.5

The table below gives the number of deaths registered from diarrhœal diseases during each month of each of the past ten years :—

Year.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
1901	1	1	1	—	1	7	40	59	40	5	—	—	155
1902	1	—	—	1	3	2	2	2	15	11	—	4	41
1903	—	1	1	2	2	4	10	44	25	15	—	1	105
1904	—	2	-	3	1	2	29	83	16	2	—	3	141
1905	1	—	—	1	1	1	22	44	13	3	—	2	88
1906	1	—	2	1	1	1	5	59	56	13	—	—	139
1907	—	—	—	—	—	1	3	8	12	12	—	—	36
1908	—	—	1	—	—	3	6	51	11	8	—	1	81
1909	—	—	1	4	3	1	1	14	1	2	6	2	35
1910	3	2	1	—	—	—	5	13	11	9	3	—	47

Table giving the ages of the total deaths from Diarrhœal Diseases during the past five years:—

	1906.	1907.	1908.	1909.	1910.
Under 3 months	26	10	21	9	10
Between 3 and 6 months ...	34	9	29	11	9
Between 6 and 9 months ..	25	7	11	8	14
Between 9 and 12 months	24	4	4	3	5
Between 12 and 15 months ..	8	1	8	—	2
Between 15 months and 2 years	13	3	6	2	1
Between 2 years and 5 years .	4	1	1	2	2
Above 5 years	5	1	1	—	4
Totals	139	36	81	35	47

Typhoid Fever.

	1910.	Average of previous 10 years.
Number of Cases	26	63
Number of Deaths	5	11
Death-rate per 1,000 Aston Manor	0·05	

This disease has always been endemic in Aston Manor, but since the epidemic of 1899 there has been each year, with one or two exceptions, a gradual diminution in the number of cases notified. During the past year 26 cases of this disease were notified, as compared with 32 cases in 1909, and 15 cases in 1908, which year was exceptional, as showing the lowest number of cases notified from this disease since the Notification Act came into force, 1890. The prevalence of this disease is generally considered an index of the sanitary state of a district, and such a small number of cases in so densely a populated town is an indication of a good sanitary condition as regards its water carriage system, sewage, drainage, etc., and in no small degree the health of the Borough is due to the light, porous, sandy or gravelly soil on which it is built.

Five deaths were attributed to this disease, all of which were registered as having occurred in the Borough.

Typhoid fever is caused by a germ (the typhoid bacillus) which enters the body in food or drink or swallowed dust. When the convalescent stage is reached, the germ may remain in the intestines, and cause relapses of the disease. Sometimes the germ remains permanently in the intestines, and may cause a return of the disease many years after the first attack. The germ may also induce the formation of gall-stones. Thus it is evident that the contents of the intestine of the typhoid convalescent are infective, and that the convalescent may be the unconscious means of transmitting the disease to his own family or friends. Cooks, male or female, dairymen or dairywomen, milk-vendors, greengrocers, butchers, fishmongers, provision dealers, workers in cocoa, chocolate or confectionery, waiters and waitresses, and the mother who prepares food for the family, form a class of convalescents in which the opportunity of transmission of the disease are very frequent.

We make it a rule to issue the following instructions to convalescent typhoid patients with a view to diminish the risk of infection :—

1. The hands and nails should be kept thoroughly washed, first in disinfectant solution, then in soap and water, and well rinsed before touching any food stuffs, especially milk.
2. After the bowels are opened or the bladder is emptied, the hands and nails should be at once disinfected and washed.
3. Strong disinfecting solution should be poured over the stools, etc., before the plug of the water closet is used or the lid of the dry closet is shut down.

4. When the motions are loose the risk of infection is increased and additional care should be taken.
5. The convalescent should periodically visit the medical attendant, so that the blood, etc., may be tested, and measures taken to control the action of the germs. As there is generally no need to deal with the drains, or to disinfect rooms or houses for these special cases, no upset of the domestic arrangements is necessary.
6. In the household where a patient is convalescent from typhoid fever the additional precautions of boiling all the milk or water used for drinking or in the preparation of food should be undertaken, and uncooked foods should be avoided.

It is obviously in the patient's interest to secure a speedy recognition of the condition with a view to cure, and to avoid the terrible disabilities incurred by "carriers" when their condition becomes known. As it is in the public interest that those who are "carriers" should become known, and as there is no legal power to obtain this information, it should be secured by voluntary co-operation between medical attendants, patients and the public health authority.

Upon the recovery or removal of a patient the necessary disinfection has been carried out, consisting of the stripping and limewashing of the infected room after fumigation, and of disinfecting the bedding and infected articles and clothing in the Council's steam disinfector.

In no instance was well water used, the supply being the same as Birmingham, from the Elan Valley. The milk supply in each case being varied, there was nothing to cause me to suspect it as a source of infection.

The following table gives the situation in the District of each case, and the general condition of each dwelling :

TYPHOID FEVER, 1910.

Folio No.	Street.	Ward No.	Age.	Sex	Closet Accommodation.	Paving of Yards	Paving of Passages.	Sanitary Defects and Remarks.
5	115, Holte Road ...	6	21	M.	W.C.	Blue bricks	Blue bricks	2nd case in house.
10	14 court, 4 house, Tower Road	4	7	M.	W.C.	Blue bricks and earth	"	
12	85, Upper Thomas Street	4	13	M.	W.C.	Asphalte	Asphalte	
12	" "	4	10	F.	W.C.	"	"	
20	115, Holte Road ...	6	20	M.	W.C.	Blue bricks	Blue bricks	3rd case in house.
58	14 court, 4 house, Tower Road	4	11	F.	W.C.	Blue bricks and earth	"	2nd case in house.
59	91, Upper Thomas Street	4	38	M.	W.C.	Blue bricks	"	Defective cistern in W.C. ; choked [drain.
67	20, Wainwright Street	5	8	F.	W.C.	"	"	W.C. choked.
105	29 court, 2 house, Tower Road	4	11½	F	W.C.	Blue bricks and earth	"	Defective joint in W.C.
106	2B, Webster Street	4	25	F.	W.C.	Blue bricks	"	
123	14 court, 4 house, Tower Road	4	9	F.	W.C.	Blue bricks and earth	"	3rd case in house.
123	" " ...	4	5	F.	W.C.	"	"	4th case in house.
124	29 court, 2 house, Tower Road	4	12½	M.	W.C.	"	"	2nd case in house.
151	4, back 31, Thomas Street	4	11	M.	W.C.	"	"	
166	8, back 280, Victoria Road	3	35	M.	W.C.	"	"	
174	" " ...	3	12	F.	W.C.	"	"	2nd case in house.
189	19, Grosvenor Road ...	5	19	M.	P.M.	Blue Bricks	"	Offensive privy-midden.
235	4, back 137, Lichfield Road	5	29	F.	W.C.	Blue bricks and earth	"	
242	148, Clifton Road ...	3	60	F.	W.C.	Blue bricks	"	Died.
278	6, back 109, Mansfield Rd.	3	10	M.	W.C.	"	"	
308	261, Wheeler Street ...	2	14	F.	W.C.	"	"	
311	117, Mansfield Road ..	3	19	F.	W.C.	"	"	
312	92, Lenox Street ...	2	38	M.	W.C.	Blue bricks and earth	"	
414	151, Tower Road ...	4	46	F.	W.C.	Blue bricks	"	Died.
436	43, Inkerman Street ...	2	46	F.	W.C.	Blue bricks and earth	"	
487	11, Tower Road ...	4	14	M.	W.C.	Blue bricks	"	Dead. Defective joint in W.C.

The following table gives the age distribution of the cases notified during the past six years :—

AGE DISTRIBUTION OF TYPHOID FEVER.

	1905	1906	1907	1908	1909	1910
Under 5 years ...	5	2	—	–	1	—
5 to 15 ,, ...	6	15	14	4	13	14
15 to 25 ,, ...	13	12	13	4	11	3
25 to 45 ,, ...	9	17	12	7	4	5
45 to 65 ,, ...	2	1	2	—	3	4
65 years and upwards...	—	—	—	—	—	—
Total ...	35	47	41	15	32	26

Small-pox.

No case of small-pox has occurred in the Borough since the year 1906.

Owing to the further facilities afforded by the Act which came into force on January 1st, 1908, for obtaining exemptions from vaccination, the decline in infant vaccination in the district still continues, constituting a danger to the community, and there is little doubt that the sense of security now prevailing will sooner or later receive a rude shock in the form of a serious outbreak of small-pox.

A note has been made of the number of school children in the Borough who have been vaccinated. In three departments this amounts to 100 per cent. ; while in twenty others to 90 per cent. or over, and in only five below 80 per cent.

PERCENTAGE OF CHILDREN VACCINATED.

SCHOOL.	ENTRANTS.		LEAVERS.	
	Boys.	Girls.	Boys.	Girls.
	Per cent.	Per cent.	Per cent.	Per cent.
Albert Road	90	94	93	85
Alma Street ...	78	87	87	90
Anglesey Street .	88	95	—	—
Aston Lane ..	70	85	85	89
Burlington Street	69	92	87	92
Gower Street .. .	86	84	91	97
Lozells Street	90	100	88	95
Sacred Heart	82	77	84	90
St. Mary's (C.E.), Aston Brook.	81	84	85	91
St. Mary's (R.C.)	97	73	88	91
St. Silas' (C.E.)	100	94	92	100
Station Road	77	84	84	83
Upper Thomas Street ..	89	83	80	96
Vicarage Road	80	92	85	89
Higher Elementary	—	—	95	89

Puerperal Fever and Midwives Act.

	1910.	Average of previous 10 years.
Number of Cases in Aston Manor ...	7	5

Five cases of puerperal fever have been notified in the practice of midwives and two in the practice of medical men. Of the 7 cases notified 3 died.

Another death occurred in the Workhouse Infirmary which belonged to Aston Manor, but which was not notified in the district.

It is a notable fact that the deaths are very often the result of gross carelessness on the part of the mothers themselves, because they do not trouble to prepare clean bedding for their lying-in. This is not always due to actual dirty habits, but to the fact that they do not wish to soil their bedding, not knowing in their ignorance that at the time of lying-in cleanliness is of the first importance.

Each case has been carefully inquired into by the Medical Officer of Health and the Inspector, and if occurring in the practice of a midwife, a report has been made to the Executive Officer under the Midwives Act, 1902, for the County of Warwick. Disinfection has been carried out in all cases, and in the cases occurring in the practice of midwives, the following section of the rules of the Central Midwives Board was rigorously enforced :—

> "Whenever a midwife has been in attendance upon a patient suffering from puerperal fever, or from any other illness supposed to be infectious, she must disinfect herself and all her instruments and other appliances, to the satisfaction of the local sanitary authority, and must have her clothing thoroughly disinfected before going to another labour. Unless otherwise directed by the local

> supervising authority, all washable clothing should be boiled, and other clothing should be sent to be stoved (by the local Sanitary Authority), and then exposed freely to the open air for several days."

Every precaution was taken to prevent the disease being conveyed to other women, and it is gratifying to remark that much greater care is now taken by midwives in cleansing themselves and their clothing and appliances than in previous years.

The keeping of temperature charts during the puerperal period, as practised by many of the midwives, has proved of immense benefit in helping to direct the attention of the midwife to the possibility of puerperal complications, and enables her to recognise the necessity of calling in medical assistance at the earliest indication of danger.

Ophthalmia Neonatorum.

This is an extremely serious affection which attacks the eyes of newly-born infants. It is usually caused by the entrance of certain bacteria into the eyes at the time of birth. The symptoms, redness and swelling of the eyelids, make their appearance in about three or four days after birth, and the disease frequently runs such an acute course that if proper treatment is not applied immediately the eyes are permanently damaged and the child is rendered blind for life.

The extent to which this disease is prevalent in this country is shown by the statements made by well-known authorities that over one-third of the inmates of schools for the blind lost their sight as a result of this disease. On the other hand, it is no less certain that if this disease is brought under efficient treatment when the symptoms first make their appearance the eyes can be saved from serious injury and the sight preserved.

In the opinion of your Medical Officer this should be made one of the notifiable diseases.

Erysipelas.

Fifty-six cases of erysipelas have been notified during 1910, as compared with 22 in 1909, and 61 in 1908. There was one death from this disease registered within the Borough and none from outside. In each notified case the premises have been visited and inquiries made, but no further action has been called for.

Phthisis and other Tuberculous Diseases.

Phthisis was the cause of 94 deaths during 1910, as compared with 96 deaths during 1909. The death-rate from this disease for the year 1910 was 1·1. Twenty of these deaths occurred in institutions outside the Borough, viz. : 16 in the Workhouse Infirmary, 2 in Hatton Asylum, and 2 in Birmingham Institutions.

The number of deaths recorded from other tuberculous diseases during the year was 20, giving a death-rate from other forms of tuberculosis of 0·23 per 1,000. This is not very satisfactory, as the death-rates for England and Wales, both from tuberculosis as a whole and from phthisis, were the lowest on record.

The following table shows the number of deaths from phthisis in Aston Manor for the last ten years, and the death-rates for the same period, as compared with the death-rate for the whole of England and Wales :—

	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
No. of Deaths from Phthisis in, or belonging to, Aston Manor...	88	62	108	98	89	86	94	102	96	94
Death-rate from Phthisis in Aston Manor...	1·1	0·8	1·3	1·2	1·1	1·04	1·1	1·2	1·1	1·1
Death-rate from Phthisis in England and Wales	1·33	1·23	1·20	1·23	1·14	1·15	1·14	1·12	1·07	--

In 1909, the Public Health (Tuberculosis) Regulations, came into operation. They require cases of pulmonary tuberculosis coming under the notice of the following Poor Law Officers in the discharge of their respective duties to be notified withn 48 hours to the Medical Officer of Health :—

1. Medical Officer of Poor Law Institutions to notify cases occurring in their Institutions to the Medical Officers of Health of the district in which the sufferer resided previous to admission to the Institution. (Notification Form A.)

2. District Medical Officers to report cases occurring among persons visited by them under their agreement with the Guardians. (Notification Form B.)

3. Superintendent Officers of Poor Law Institutions to notify intended place of residence of persons leaving the Institution who have been certified by the Medical Officer thereof to be suffering from pulmonary tuberculosis. (Notification Form C.)

4. Relieving Officers to notify change of residence of persons who have been reported by District Medical Officers to be suffering from pulmonary tuberculosis. (Notification Form D.)

The notifications received in Aston Manor under this Order during 1910 were as follows :—

Form A.	22
Form B.	33
Form C.	13
Form D.	—
	68

With the exception of the above Order there is no other system of notification of pulmonary tuberculosis, compulsory or voluntary, in operation in the Borough, neither is there hospital accommodation.

As regards hospital accommodation it was suggested by the County Council in December that a conference of local authorities in the county should be held at Warwick to discuss the advisability of using small-pox hospitals for phthisis cases.

The Mayor and your Medical Officer attended as delegates, and the following is an extract of their joint report to your Health Committee :—

> "We were able to point out to the Conference that we had a hospital which had not been used for small-pox since 1906. This building had cost more than £12,000 to build. It is situated in a very high and ideal spot, with five acres of ground, and a fine administration block, a laundry steam disinfector,

electric light and wards for 24 beds which could be extended to accommodate 40 patients at a small cost by the erection of small chalets and the necessary shelters and balconies. We pointed out that if our hospital is to be used for consumptive patients there should be a comprehensive scheme :—

1st. Compulsory notification and as an aid to it free examination of sputum.

2nd. There should be home visiting by special visitors, on the look-out for other cases among the contacts, who might get the history of the case, place of work (for disinfection purposes), also give printed advice, and abate any nuisance.

3rd. As regards hospital accommodation the small-pox hospital should be used for short periods of treatment at any stage except the last, in order, (*a*) to educate the patient how to live without infecting others, (*b*) to give relatives a rest and a chance of resisting the disease, (*c*) to enable the home to be disinfected, (*d*) to select the best possible cases from a curative point of view for the new county sanatorium.

4th. Treatment of suitable cases at the Sanatorium.

5th. Hospitals for advanced cases. If, after a short period of treatment the patient is obviously going down hill, and at an advanced stage of the disease, the patient should be removed to the Union Hospital where they have special wards for consumptives, which procedure would materially lessen the chance of infecting others.

We pointed out that in Aston we have not a sufficient number of cases to fill our hospital, but we could receive them from the neighbouring districts in the county for treatment, as we do scarlet fever, and then suitable cases could be drafted on to the County Sanatorium. Our treatment would, therefore, not be altogether as an alternative to treatment at the Sanatorium, but to give open air treatment, educate the patient and aid the selection for future treatment.

We are of the opinion that if small-pox should break out, then the small isolation block of four beds not used for phthisical patients could be immediately opened, and within 24 hours the whole of the consumptives removed to their homes.''

Tuberculosis in its various forms has for many years been known to be associated with insanitary surroundngs and bad conditions of life. Dwellings in courts—often damp, dark, dirty, and so constructed that a foul and fœtid atmosphere takes the place of sunlight and pure air—are the breeding places for tuberculosis, and conditions approximating to these, whether of the home, the school, the workshop, or place of business, favour its growth and spread, and it is with conditions such as these that its prevalence is notorious. Poverty, intemperance, ill-feeding, prejudicial habits, occupation—anything, in fact which tends to debilitate or to lower the constitution—increases susceptibility to the disease. A minute organism, which at certain stages of the disease is given off by the consumptive patient, usually from the lungs, and under the conditions described, is capable of transmitting the disease to the healthy.

It is also capable of being transmitted in quite another way, namely, from animals to man, more especially through the milk of a tuberculous cow; the safest course, is, therefore, to recognise the danger of each. It is the close, dark, dirty, ill-ventilated and overcrowded cowshed which favours the disease in the cow, just as similar surroundings favour it in the human being.

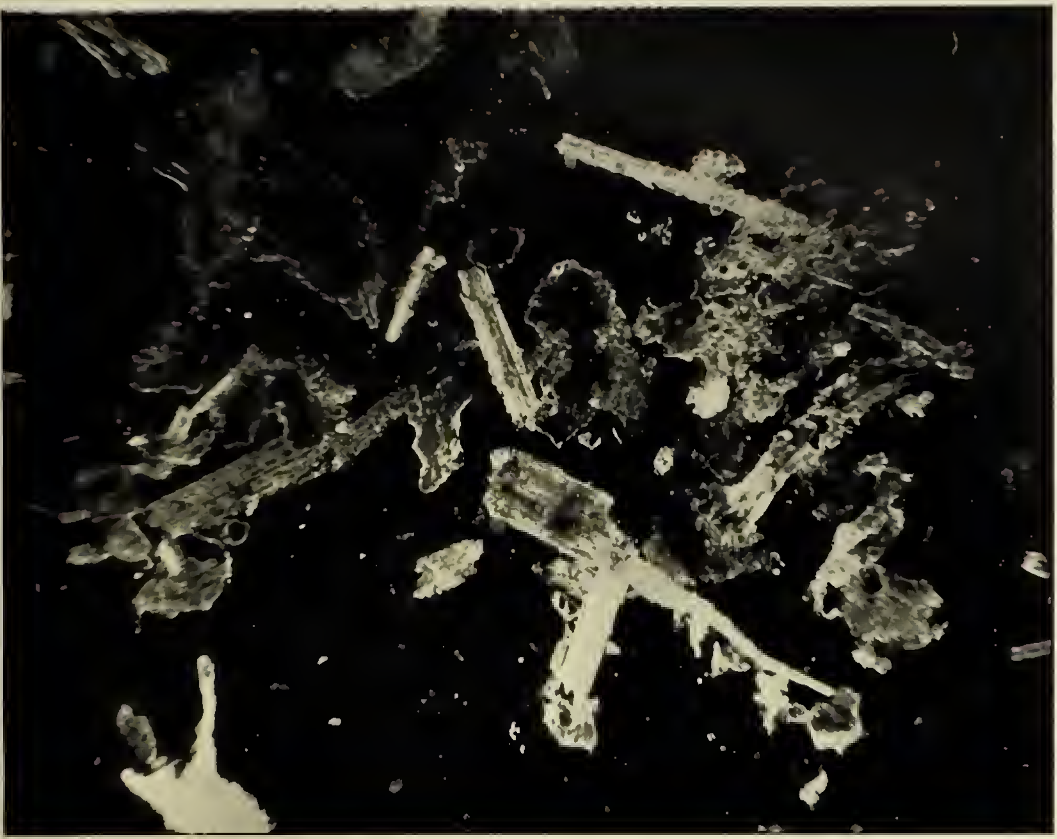
The liability of transmission from person to person is very variable, and is affected by various conditions; in early stages of phthisis and in tuberculosis of internal organs other than the lungs the risk is small, if any, but when there is copious expectoration large quantities of bacilli may be discharged, which may be dispersed into the atmosphere in the act of coughing or sneezing, and inhaled or swallowed by others. A careless patient in bad surroundings may easily become a source of infection.

The susceptibility of the individual who inhales or swallows the bacilli varies; constitutional predisposition, the habits, the occupation, the intemperance of the exposed person may prepare the way for it. In numberless cases the likelihood is that the bacillus is swallowed or inhaled without any ill effect, therefore the phthisical patient need not under all circumstances be a source of infection to others.

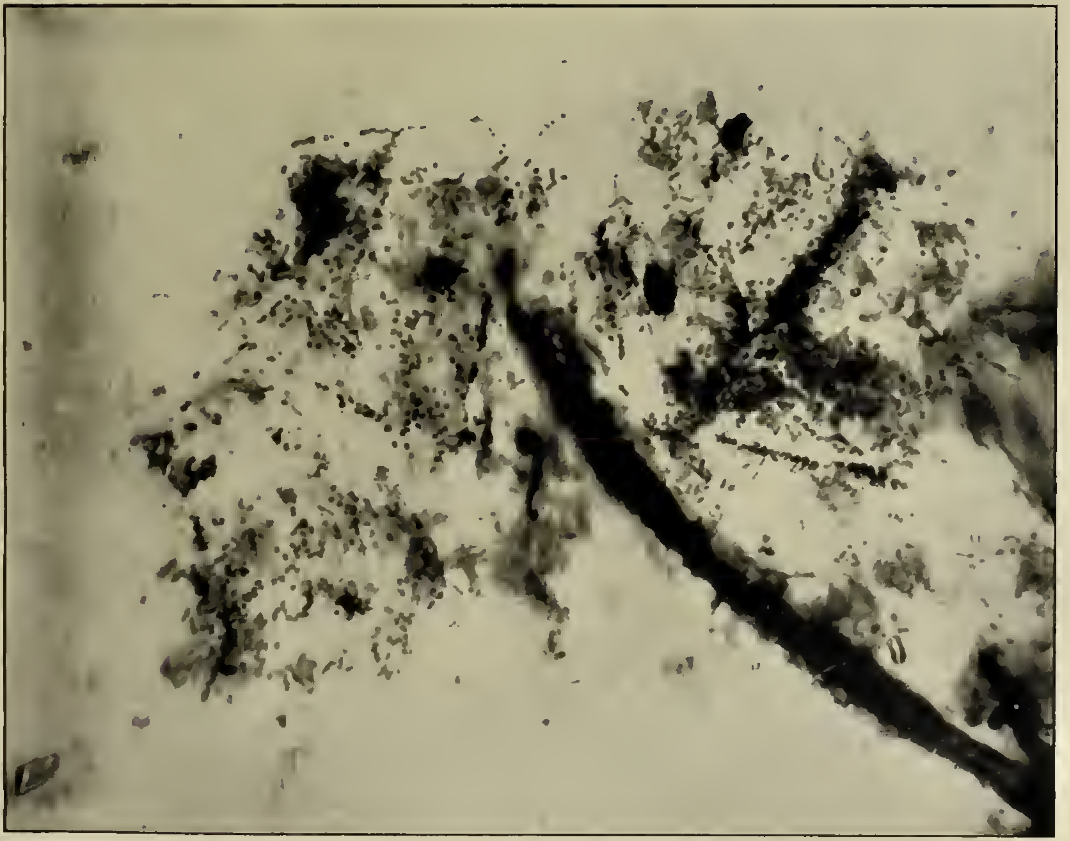
Clean Milk Supply.

The question of obtaining clean milk was the subject of a leaflet to farmers and dairymen supplying milk to Aston Manor for human consumption. The

PHOTOMICROGRAPHS OF DEPOSITS FROM NEW MILK.



(1.) Large particles visible to the naked eye and with a hand lens, showing particles of grass, hay, and dust. Magnified 50 diameters.



(2.) Lighter particles in centrifugalised deposit, showing Micrococci, Streptococci, a few Bacilli, and the lighter debris. Magnified 500 diameters.

following is a summary of a table issued to the above showing the chief sources of contamination, and the means of avoiding the same :—

Source of Contamination.		*Remedy.*
COW	Dirty udder	Wash udder before milking.
MILKER	Clothes	Wear clean overalls.
	Hands	Wash hands before milking.
	Wet milking	Practise dry milking.
	Illness	Those who are ill or who have sickness at home should cease milking until sanctioned by medical attendant.
COWSHED	Air and dust	Avoid commotion of air at and before milking time. Do not keep milk in cowshed longer than necessary.
UTENSILS	Milk pails and cans	Proper cleansing by steam or boiling water.
	Coolers	Storage and use in a clean dairy and not in the cowshed.

As a further effort against the spread of tuberculosis, every retailer has been instructed in the following matters during the year :—

Precautions against Contamination.

(1) Milk vessels are a source of great contamination when they are improperly cleansed, especially in summer. In summer the high temperature encourages the growth of bacteria which cause souring. All vessels and utensils should be thoroughly washed with cold or tepid

water, to which some washing-soda may be added, and then either steamed or washed with a large quantity of boiling water. They should not be wiped out afterwards with a cloth, or washed with cold water.

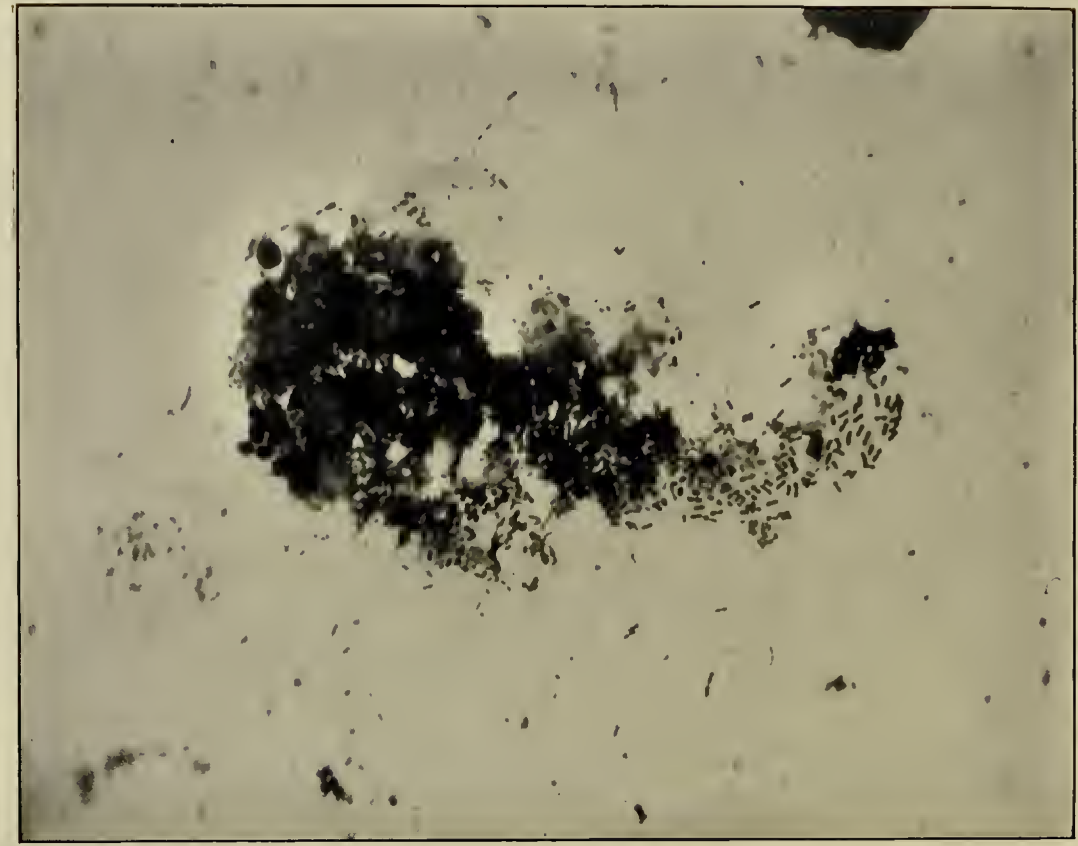
(2) Milk-churns or cans are often allowed to stand at stations where they are exposed to dust, and possibly to interference. Contamination from dust is most likely to occur when the cans are fitted with defective lids. Again, all can-lids should be locked or sealed to prevent any interference in transit.

(3) Pouring out the milk in railway stations, where there is often much dust, should be avoided. It is better to take the milk can to a clean milk shop or store and there empty out the can.

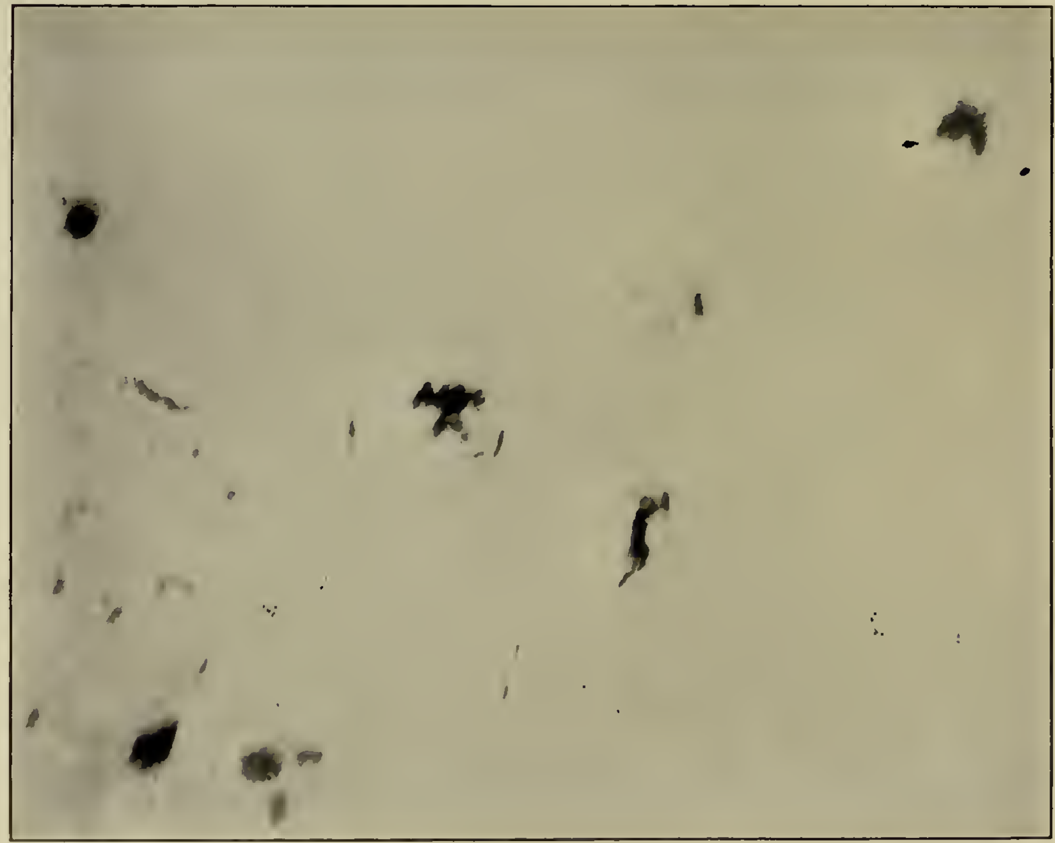
(4) Milk should always be kept in covered vessels, no matter how long it has to be kept, to prevent pollution by the organisms in the air, by dust, and by flies. The contamination by flies particularly has to be prevented, owing to their frequenting filthy places; disease-producing bacteria, *e.g.*, of typhoid fever, diarrhœa, etc., may be carried in milk in this way.

Covers may be of metal, of earthenware, or even clean muslin.

(5) The person retailing milk should keep his hands clean and should wear a clean jacket, or at least clean sleeves, which can be washed, in order to prevent pollution in the process of measuring out.



(3.) As (2), showing Diplococci, Bacilli, and the spores of Fungi. Magnified 500 diameters.



(4.) Tubercle Bacilli, but not a good slide, the best obtainable with the lenses at my disposal. Magnified 1,000 diameters.

The slides were all prepared from new milk purchased soon after its delivery to the Dairy.

(6) The premises should be well ventilated and kept as clean and as free from dust as possible. Any goods tending to produce dust or which are likely to impart an odour to milk should not be kept in the same premises. The sweeping of floors should be replaced by washing, and dry dusting should be avoided.

Cooling.

The influence of temperature on the growth of bacteria in milk, and therefore on the keeping properties, is very marked. The higher the temperature (below 100 deg. F.) the more rapid the growth. If, therefore, the temperature is lowered by keeping the milk in a refrigerator or cool room, the keeping property is improved and the onset of souring retarded. It should therefore be the endeavour of all retailers to keep the milk at a temperature below 50 deg. F.

I have had samples of milk taken from different classes of registered milk shops in the Borough for the purposes of bacteriological examination, and append photomicrographs showing the results I obtained, with a description under each.

Influenza.

Five deaths from this disease occurred during the past year.

Other Diseases—Cancer.

The number of deaths ascribed to cancer or malignant disease during 1910 numbered 65, against 64 in 1909 and 65 in 1908: the majority of cases were referred to as cancer not otherwise defined, 40 per cent. were referred to as carcinoma, whilst 5 per cent. were referred to as sarcoma. There is an increase in the number notified as carcinoma, whilst the number ascribed to sarcoma remains almost stationary. The death-rate per 1,000 in Aston Manor from all kinds of cancer is ·75 for the year under discussion.

Disinfection.

The disinfection of infected clothing and bedding has been carried out at the steam disinfector at Chester Street, and Mr. Treadaway, the Superintendent of that Department, has supplied me with the following return of the amount of disinfection carried out during the past three years for this and other contracting districts :—

	1908.		1909.		1910.	
	Lots.	Articles.	Lots.	Articles.	Lots.	Articles.
Aston Manor	385	4,119	538	4,663	550	4,933
Erdington and Castle Bromwich	209	2,675	230	2,206	183	2,111
Sutton Coldfield ...	59	793	56	555	62	782
Perry Barr	3	74	2	27	7	99
Private	1	61	4	—	6	20
Total	657	7,722	830	7,451	808	7,945

Cleansing and disinfection of houses in which infectious disease has occurred has been carried out under the directions of your Medical Officer of Health, the infected room or rooms being fumigated, the bedding being removed to your steam disinfector, and returned in a "pure" van, and the walls of the disinfected portion of the house being stripped and limewashed.

With a view further to minimise the risk of spreading infection, the Free Libraries Committee empower the Health Officers to destroy all books which come from infected houses.

Your Medical Officer now recommends that all books which are much worn and soiled should be destroyed. All books taken from houses in which small-pox has occurred should be destroyed. All books which have been used in the sick room, if there is a possibility, however remote, of their conveying infection, are dealt with in the same way.

With regard to volumes which, although taken from infected houses, have but a very remote likelihood of having retained infection, the following system of disinfection may be carried out. The book is placed on end and opened as far as can be, in a case, and is subjected to the vapour of formalin for three hours. This process, if necessary, can be repeated, and the books can be returned to the library none the worse for the operation with the exception of a smell of formalin, which passes off after a few days.

The Medical Officer is unable to recall a single instance in which infection has been conveyed by books, notwithstanding that he has instituted inquiries in other districts of books taken from infected houses. Books which are too good to destroy are sometimes sent to the Fever Hospital.

The degree of exposure of books whilst in infected houses varies very widely, and it is not desirable to make any hard and fast rule as to how books from infected houses should be dealt with. There can be no question that the method which has stood the test of so many years in a number of great cities, such as Manchester, Bradford, Leeds, Glasgow and Edinburgh, may be relied upon, whilst it is interesting to note that in America there is a growing tendency to attach relatively small importance to the rôle played by books in the dissemination of sickness.

Inquests.

From the weekly returns of the deaths registered in the district, as supplied by Mr. W. H. Ingall, Registrar of Births and Deaths for the district, it appears 7 deaths were registered by him as uncertified, as compared with 5 during 1909; and that 52 inquests were held by H.M. Coroner, J. W. Wilmshurst, Esq., during the year, as compared with 67 during 1909 and 41 during 1908.

Mortuary.

Mr. Robert Hannah, the Deputy Chief Constable for the County and Superintendent of Police for the Borough, reports that there were 52 bodies deposited at the Mortuary during the past year—28 males and 24 females—and 29 *post-mortem* examinations made, and 53 inquests held, including one not deposited in the Mortuary. There were 68 bodies deposited there during 1909 and 43 during 1908.

Burial Grounds.

There is only one burial ground in Aston Manor, that of the Parish Church. It occupies 4 acres, including an extension made in 1903, the old churchyard having been completely filled. There are no restrictions as to denomination, but the burial ground is solely for the use of parishioners.

Summary of the
Lady Health Visitor's Report
and the
Medical Inspection of
School Children.

Notification of Births.

During the year 1910 three hundred more primary visits were made to the homes of babies than in the previous year, the total number being 2,473. This increase was largely due to the fact that early notification as required by the Act has been more systematically carried out, and it may be said that the Notification of Births Act is now working efficiently in the Borough.

There were 1,998 births registered.
,, ,, 1,850 ,, notified.
,, ,, 148 ,, not notified.

So that 92·6 per cent. were notified and 7·4 per cent. not notified.

306 or 16·5 per cent. were notified by medical practitioners, 188 or 10·2 per cent. were notified by parents, 1,356 or 73·3 per cent. were notified by midwives.

Your Lady Health Visitor (Miss O. S. Harding) reports that she has visited each home in the first week where the notification has been made by the midwife or responsible person, and shortly after the mother is up where a medical practitioner has notified the birth, if your Medical Officer of Health has considered it a suitable case for visitation. If visited early the mother is open to receive advice concerning her baby, and will frequently tell the Health Visitor of little difficulties she may have with other children, and seek that advice which it is within the province of the Health Visitor to give. In the later visits the mother has resumed her household duties, and it is more difficult to instil into her mind new ideas than in the earlier period.

The visitor is almost invariably well received, but on rare occasions neglect of home and children has led to refused admission. During the year five cases of neglect to children have been reported to the Society for Prevention of Cruelty to Children.

It is a pleasing feature to note that a large number of mothers have their rooms clean and comfortable for the lying-in period, and that they have been able by careful planning and thrifty habits to make ample preparation for the expected event. In such cases the visitor always commends the mother, who is generally pleased to have her efforts recognised.

Unfortunately, there is another picture. Homes visited where no preparation has been made for baby, no clothes or clean bedding for the mother, the reason alleged being that the husband is out of employment, and that the clothes are in pawn. On careful inquiries it sometimes transpires that the household money is spent on intoxicants, and further that many of the women indulge in betting.

The midwives receive the visits to their patients quite cordially, and support our efforts in advising the mother in the care of herself and her offspring.

Breast-feeding is generally attempted for the first two months, after which time the milk disappears or becomes of very poor quality. It is unfortunately a fact that the child is then fed either upon boiled bread, cheap brands of condensed milk, or as an alternative skimmed milk.

It is after the breast milk disappears that the real trouble commences, and in some families baby after baby suffer from rickets and wasting diseases. In the poorest of homes the milk is frequently given too greatly diluted, and is insufficient for the babies' needs. In one case all the mother could spend on her baby was ½d. a day for milk: it is, therefore, not surprising to learn that she had previously lost two children from wasting diseases.

It is such cases as these that show the immediate necessity of providing Milk Depôts and Infant Consultations in every suitable locality. Dummies or comforters, I regret to state, are still very general, notwithstanding every effort to teach the mother the injury they do to the health of their little ones.

The puerperium is frequently too short in the case of women with large families, and results disastrous to the health of the mother may be a consequence. Many defects and nuisances in the houses which otherwise might be overlooked, are discovered by these visits, which defects are reported and steps are taken to remedy them. Pantry accommodation is very inadequate in many houses and the food is very frequently uncovered.

Much good is done by health visiting, and much ignorance and superstition are dispelled. The immediate results may frequently be disappointing, but we are encouraged with the hope that the interest we take in the mothers' welfare may lead to their children becoming the healthy men and women of the future.

Visits made to the Homes of the Babies, 1629. *Re-visits*, 844. *Total* 2473.

Breast fed babies ...		1496
Breast and hand fed babies	36	
Solely hand fed babies	97	133
Total		1629

	Irregularly.	*Regularly.*	*Total.*
Babies fed by breast	21	1475	1496
Babies fed by breast and hand ...	2	34	36
Babies fed solely by hand	4	93	97
Total ...	27	1502	1629

Babies fed by—	*Breast.*	*Breast and hand.*	*Solely hand.*	*Total.*
Mothers who are out at work	1	5	9	15
Mothers who are "Homeworkers"	3	2	4	9
Mothers who are housewives	1492	29	84	1605
Total	1496	36	97	1629

Babies fed with—	
Tube bottle	35
Tube and boat bottle	8
Boat bottle	88
Spoon	2
	133
Entirely breast fed babies	1496
Total	1629

(1) *Improper feeding of Babies on—* Foods, biscuits, bread, etc.	11
(2) *Babies fed on condensed Milk, not by a Doctor's order*	26
(3) *Proper feeding of Babies on—* Cow's milk and water, or by a Doctor's order	96
	133
(4) *Babies fed entirely on breast milk*	1496
Total	1629

Babies sleep—	
With parents	1234
Alone	395
Total	1629

Insurance of Babies—	
Insured	1387
Not insured	242
Total	1629

Domestic Sanitation in 1629 *Homes.*

Milk for general use—		*Homes.*
Condensed in		368
Condensed & cow's milk in	409	
Cow's milk in	845	
		1254
No milk used in		7
Total		1629

Houses kept—	*Homes.*
Clean	995
Fairly clean	609
Not clean	25
Total	162

Covering of food—	*Homes.*
Covered	1115
Uncovered	514
Total	1629

Disposal of vegetable refuse—	*Homes.*
Burnt or given to fowl, etc.	1597
Put in ashpit	32
Total	1629

House-to-House Visits and Stillbirths, 70. *Special Visits,* 25. *Total* 95.

School Inspection.

The details of medical inspection are the subject of a special report for the year under discussion, therefore, it is only necessary here to mention some of the salient features of the inspection. Since the appointment of the new School Medical Officer on June 1st, 3,140 have been medically examined, being about 20 per cent. of all the children in attendance.

The routine inspection is carried out as follows: The number of children in each school, coming under the code regulation for medical inspection, is obtained from the head teacher. The schools are then in turn visited by the School Nurse, who prepares the schedules by filling in the following points: name of child, date of birth, address, standard, condition of footgear, height, weight, condition of head. The schedules are then left in order at each school. The following further points are noted by the School Doctor with regard to all children examined:—Condition of clothing, nutrition, cleanliness and condition of skin, teeth, presence of adenoids, enlarged tonsils or glands, external eye disease, ear disease, condition of heart and lungs, whether vaccinated, whether parent present, previous illnesses. With the older children further points noted are vision, hearing, speech, mental condition. In certain cases an examination of the urine is made. The vision and hearing of the infants is only tested in special cases, as the results obtained are too incorrect to make the routine test of sufficient value.

Owing to the difficulty in satisfactorily ascertaining the mental condition of a child during the ordinary school examination except in very pronounced cases, each suspected case is the subject of a special examination either at the offices, or at its home by the Medical Officer, who makes a special report on the case, and sends a copy of it to the Director of Education.

School Closure.

It has not been necessary to close a single department for infectious or contagious disease during the year 1910.

Exclusion of Scholars.

All cases of infectious disease are immediately excluded and re-admitted only with a doctor's certificate. Cases of ringworm and scabies are excluded until free from infection. Since June, 29 cases of ringworm and 10 cases of scabies have been excluded for varying periods. At first cases of body vermin were excluded for 3—4 days, to give the children time to get clean; but we found the parents did nothing in the matter until the day before re-admission, and better results were obtained by sending the children home and requiring them to come back clean either the following day or the afternoon of the same day. Further cases excluded have been delicate children under school age, cases of anæmia, heart and lung disease, etc.

Four Junior Schools were visited in December, and those children were inspected whom the teachers had noticed to be ailing or to have bad eyesight, or whom the Nurse had reported as being neglected or dirty. 187 were seen in this way. All these children are being followed up, and the worst families have been reported to the Medical Officer of Health for fumigation of the dwelling and its contents.

Sanitation of School Premises.

The sanitary conditions of the Council schools in the Borough were made the subject of a special report by your

Chief Sanitary Inspector in 1909. As a result of the inspection the Education Committee in June considered the advisability of installing a better and more modern system of w.c.'s at a number of the older schools and of carrying out other modern sanitary improvements thereat. For these objects a loan was raised with the consent of the Local Government Board to carry out work in accordance with the plans and specifications which had been prepared, in respect of Albert Road, Alma Street, Upper Thomas Street, Vicarage Road, Gower Street, and Lozells Street Council Schools. A tender for alterations and improvements amounting to £732 was accepted in respect of four of the schools and these alterations were proceeding at the end of the year.

As regards other schools, St. Silas's C.E. School, which was the subject of a special report by your Medical Officer in November last, is by far the most unsatisfactory school in the district as regards sanitation, and, on account of surrounding space many of the necessary improvements cannot be effected. Since the report the Managers are doing what is in their power to improve the conditions and have already put in four new windows, though why they have arranged for such a small amount of air entry by their new windows it is difficult to imagine.

Condition of Clothing of School Children,

About one quarter of the entrants and one-fifth of the leavers have insufficient footgear, which means that they have continually cold and wet feet in inclement weather with consequent colds, diseases of the lungs, and other ailments.

Cleanliness of Head and Body.—The girls, with their long hair, naturally suffer most from verminous heads. A rule should be made enforcing all children with long hair to wear it tied back or plaited, for this would at least tend to isolate the vermin. The percentage of verminous heads would be far higher than is shown in the table if the girls were not warned of the approaching inspection, for many of them have their hair crowded with nits, and have temporarily combed out the vermin.

As it is, almost 70 per cent. of the older girls have nits in their hair, but there has been a marked improvement in the cleanliness of the heads during the past two years.

The percentage of body vermin is also higher than is shown in the table, for most of the children are cleaned up for the occasion, and only the very worst show vermin on inspection day. It is found in the Junior Mixed Schools, which so far have not come under the routine of inspection, that body vermin are most rife.

Diseases of the Lungs.—Dr. Jordan reports to me that about 11—15 per cent. of the children have signs in their lungs, but a larger proportion of these are only temporary conditions.

Among the leavers 3·4 per cent. of the boys and 6·7 per cent. of the girls have prolonged expiration at the right apex, and in a good many of these whispered pectoriloquy is also present, but no other lung signs. A fair proportion of these cases have enlarged tonsils and adenoids, which would account for the signs, but in others no cause can be found. From the general condition of the children, it is evident that they are not suffering from pulmonary tuberculosis.

Dr. Jordan goes on to state that she has gone carefully into the condition of pulmonary tuberculosis and has examined many of the suspicious cases several times, either at school or at the office, and in the recorded cases thinks the diagnosis is fairly sure, giving a percentage of 0·86 for all the routine cases examined.

It has been the practice to exclude from school all children under 5 showing signs of pulmonary disease. The parents of the phthisical children have been interviewed, and have been advised as to general hygiene, but we have not necessarily excluded the children from school.

LUNG DISEASE.

	ENTRANTS.		LEAVERS.	
	Boys.	Girls.	Boys.	Girls.
No. examined	568	559	756	552
Lung affection	74	60	89	85
%	13 0	10·7	11·7	15·4

PERCENTAGE OF PULMONARY PHTHISIS.

Entrants.—Boys, 0·70; Girls, 0·53.
Leavers.—Boys, 1·18; Girls, 0·90
All taken together.—0·86% in 2,435 children.

General Tuberculosis.

With the exception of a few cases of old hip disease and a few showing scars of cervical tuberculous glands or abscesses, and one case of active cervical tubercle, there has been found no evidence of tuberculosis apart from phthisis.

Remedial Measures.—The only treatment undertaken directly by the Local Authority is that of ensuring cleanliness. Since June, five girls have had their hair cut to the scalp with the power given under the Children's Act, on account of their heads still being verminous after repeated warnings. Your Medical Officer has been called upon in the matter of body-vermin, and in the case of families found to be repeatedly verminous, he has had the house and its contents fumigated. This was done at the end of August, and at the end of December all the children from these houses were still clean. This method has also acted as an example to other dirty families, and it has been found that in some cases the mere threat of a visit from the Medical Officer of Health has resulted in the extermination of the vermin, at any rate for a time.

But the treatment of body vermin presents a very real difficulty. So far as it has gone, the work has been good and effective, but it is very far from reaching the pressing necessities of the case, and it is absolutely necessary in order to efficiently cope with it that suitable bathing establishments with a steam disinfector in close proximity should be available.

It may be suggested that the whole of the cost should be borne by the Education Committee, but this does not appear to be altogether an equitable proposal, since large numbers of children of the poorest class, with whom the Education Committee have no concern whatever, are also neglected and verminous, and these will continue to be dealt with as heretofore under the instructions of the Health Committee. It is my great hope that it will be possible to arrange a meeting upon the subject between the Chairmen of the three Committees concerned, viz., the

Health, Baths, and Education Committees, with a view to concerted action, and suitable washing places provided at, but yet separate from, the ordinary bathing departments at the Victoria Road Baths, or that cottage baths be instituted.

Almost invariably with this form of child neglect, as with the somewhat analogous cases of neglecting to provide food, there is a history of drink. Again and again, the fact that the mother or father or both are heavy drinkers whenever money can be got, is noted in connection with this condition.

The art of repairing children's clothing seems to be dying out in the Borough, and the sewing learned at schools by girls is not generally put into practice afterwards. Cheap, ready-made clothing is bought to replace the old and only partially-used clothing, which has never been stitched since being bought, and which has been held together in the meantime by a multitude of pins. In many schools thriftiness in the matter of clothing is conspicuous by its absence, the value of timely repairs to save clothing is not understood. In many cases also the clothing is markedly dirty. This arises uniformly from the carelessness and neglect of the parents, and is very frequently associated with a generally dirty and verminous condition of the head and body. It is frequently found that the underclothing of children has never been washed since it was bought, and in such cases, when the dirty condition of the underclothing is brought before the notice of the mother, a usual method of meeting the complaint is to purchase the child new garments, and not to wash the old.

General
Sanitary Administration.

General Sanitary Administration.

From the report made by the Chief Sanitary Inspector on the sanitary work carried out during the year, I find that the number of notices served on owners or tenants for nuisances of various kinds was 1,342, embracing 2,968 nuisances or sanitary defects. Of these nuisances, 1,393 were connected with drainage or water closets, 473 with privy-middens (almost entirely for alterations into W.C.'s), 906 with dwelling-houses, 92 with workshops, and 104 were nuisances or sanitary defects of a miscellaneous character. On page 153 a summary of sanitary work done during 1910 is given, tabulated on a form issued by the County Medical Officer of Health.

Closet Accommodation.

I find from the Inspector's figures that the year has been exceptionally good as regards the number of old privy-middens abolished and replaced by water closets, 396 of the latter (with proper receptacles for house refuse) having been constructed in place of privy-middens during the twelve months. With one exception this is the highest number for the past six years. The table given below shows the number of water closets substituted for privy-middens since 1901, and also the number of new water closets erected under the supervision of the Surveyor's Department, during that time.

Year.	W.C.'s Substituted.	New W.C.'s.
1902	835	140
1903	587	119
1904	850	71
1905	331	83
1906	334	49
1907	333	89
1908	340	80
1909	491	83
1910	396	9

It is estimated that 90 per cent. of the closet accommodation of the Borough consists of water closets.

Smoke Nuisance.

The number of observations taken of factory chimneys during the year was 160, representing 1,111 stacks. Dense black smoke was emitted for longer than 12 minutes in the hour (the limit recognised by the Health Committee) on 8 occasions. In these cases notices were served by the Sanitary Inspector or communications made to the firms concerned by the Town Clerk. Police Court proceedings for this class of nuisance were instituted in one case during 1910. This was in regard to a smoke nuisance from a metal rolling mill in the Borough. The owner having purchased a high stack on adjoining land, with which he promised to connect his present low chimneys, the summons stood adjourned at the end of the year to afford an opportunity of this being done.

Smoke abatement, especially in Reservoir Ward, has been for some months under our serious consideration, and everything possible is being done by co-operation with the owners of factories, and by notices from the Health Department, to abate this nuisance.

Aston Manor has been for some years waging war against the smoke fiend, but it has found its power limited by a sadly inadequate law.

The ordinary Public Health Acts being practically useless, special powers must be conferred upon local authorities before they can hope to remove a serious menace to the health and comfort of dwellers in the district, a statement which applies to all large towns. I suggest that a Corporation Bill should be presented to Parliament with special clauses conferring upon the local authorities the means of coping with the nuisance.

Bradford last year got a Bill of this character through Parliament, and the clause in question provided (1) that every furnace employed in the working of engines by steam, and every furnace employed in any factory, should be constructed or altered so as to consume the smoke arising; (2) that there should be a penalty on the owner or occupier or foreman or other person employed, not exceeding £5, and on a second conviction £10, and on each subsequent conviction a fine double the amount of the fine imposed on the last preceding conviction. This was afterwards reduced to £50 maximum fine for third and subsequent offences. (3) That the above provisions should be applicable in respect to the emission from chimneys of grit as if the emission of those particles were smoke arising from furnaces.

Evidence indicating the present deplorable state of things is not wanting, for if milk stands in one of the houses in the neighbourhood of the offending factories it receives a black coating of gritty particles; flowers and vegetables are ruined; newly washed clothes hung out to dry are converted into a condition which makes their return to the tub imperative, and if windows are opened a large quantity of grit may be swept up from the floor in a few hours, which grit is more harmful to health in some ways than the smoke.

One can safely say that the death-rate from respiratory diseases is increased by the carbon-laden air inhaled.

Ample proof is easily obtained of the wholly inadequate provision made by the existing law for the prosecution of offenders against the smoke nuisance bye-laws. That the present scale of fines is insufficient, no one doubts, for a member of one firm admits that they "can paint the sky black for one shilling a week."

I cannot urge too strongly the need of arming the Corporation with adequate authority to deal with the physical evils caused by the prevalence of smoke.

Systematic House-to-house Inspection.

During 1910 the 482 houses in the following seven streets were systematically inspected : — Kensington Street, Denmark Street, James Street, Lower Wilton Street, Whitehead Street, New Street, and Inkerman Street.

The total number of houses systematically inspected during the last 22 years is 10,842, not including houses inspected on complaint or promiscuous inspections for various purposes, which, of course, are very numerous. Neither does it take into account the fact that some streets have been systematically inspected more than once during that period.

The table given below shows the number of houses inspected during 1910 in the seven streets above-named, with information as to the sanitary accommodation connected with them ;—

STREET.	Houses inspected.			Houses found Void.	Water Supply.	Sanitary Accommodation at time of Inspection.	
	Thro'.	Back to Back.	Total.			W.C's.	Privies.
Kensington Street	30	—	30	4	All the houses had tap water	19	6
Denmark Street ...	15	34	49	7		14	7
James Street ...	30	39	69	6		40	4
Lower Wilton Street	37	9	45	—		23	3
Whitehead Street...	22	30	52	3		30	—
New Street ...	36	97	133	7		63	10
Inkerman Street ...	39	64	103	5		52	—
Totals ...	209	273	482	32		241	30

In regard to the sanitary accommodation, all privy-middens existing at time of inspection in Kensington Street, James Street, and Lower Wilton Street, and 4 of the 10 in New Street, were replaced by W.C.'s before the end of the year.

In addition to the sanitary accommodation and water supply, regard is had during these inspections to the general sanitary condition of the houses, and to the drainage, paving and sanitary condition of the yards and outhouses connected with them.

The following is a statement of the nuisances discovered during the systematic inspections and for the abatement of which notices were served. With the exception of notices regarding a few of the privy-middens, all were complied with ere the close of the year.

Nature of Nuisance	Kensington Street	Denmark Street	James Street	Lower Wilton Street	Whitehead Street	New Street	Inkerman Street	Total
Obstructed, defective, untrapped or insufficient drains ...	—	1	—	3	—	—	1	5
Obstructed W.C.'s	—	—	—	—	—	1	1	2
Defective or dilapidated W.C.'s	3	—	4	3	2	7	7	26
Dilapidated ashpits	3	—	6	2	1	1	2	15
Offensive privy-middens ...	6	7	4	2	—	6	—	25
Dirty houses or parts thereof ...	2	1	3	1	4	6	6	23
Defective floors, ceilings or stairs	—	3	2	4	—	4	8	21
Defective sinks	—	—	2	—	1	—	4	7
Obstructed, defective, or want of spouting	1	—	4	7	—	1	4	17
Defective Roofs	—	—	—	—	—	2	1	3
Dirty W.C.'s and wash-houses..	1	—	8	5	4	2	11	31
Defective yard or entry paving	2	—	1	—	—	3	6	12
Keeping of animals	—	—	—	—	—	1	—	1
Defective wash-house roofs ...	—	—	5	—	—	—	2	7
Damp walls	—	—	—	2	1	1	—	4
Other nuisances...	1	—	3	—	1	1	—	6
	19	12	42	29	14	36	53	205

Mention should be made in dealing with systematic inspection of the work of the Lady Health Visitor, as far as her duties carry her in this connection. The table on the Notification of Births Act, etc., will show that she systematically visits certain portions of the district to encourage tenants to observe the principles of domestic sanitation, and reports any nuisance coming to her knowledge. Ninety-five visits were made in this way in 1910.

House Accommodation of the Working Classes.

The houses in the Borough are largely of the artisan type. The proportion of houses known as "back-to-back" in those streets which have been systematically inspected up to the present is estimated at 56·6. This would be a considerable over-estimate as applied to the Borough generally, as your Inspector explains in his Report that the streets on which this estimate is based are the older and poorer ones, and the proportion of "back-to-back" houses in the more modern and better streets not yet systematically inspected would be much less. There were no houses not connected to sewers, and all were provided with a piped water supply—no wells were in use.

During the previous year, the Housing and Town Planning Bill passed into law. The part of the Act referring to insanitary houses gives to the local authorities power to make an order closing insanitary dwelling-houses, and there is an appeal from that order to the Local Government Board; this means that in future the entire responsibility of dealing effectively with this matter will rest on the local authorities, and their success in any endeavours they may make can only be limited by the extent that their action is supported by a responsible Government Department. It will be obvious that this is a far more satisfactory state of affairs than that which existed before, when the success of the action of the local authorities was limited and determined by the extent to which they were supported by a varying, and to that extent irresponsible body of magistrates.

The new houses and other new buildings erected year by year since 1888 are given in the following table prepared by the Borough Surveyor:—

YEAR.	New Houses for which plans have been approved.	Other Buildings.	New Houses completed and inspected.	Other Buildings.
1888 ...	466	42	253	62
1889 ...	481	113	512	109
1890 ...	527	101	472	110
1891 ...	469	63	370	64
1892 ...	344	87	452	75
1893 ...	396	45	322	45
1894 ...	169	97	176	62
1895 ...	357	92	213	61
1896 ..	130	50	260	31
1897 ...	175	106	87	58
1898 ..	183	106	56	45
1899 ..	95	125	58	29
1900 ...	72	132	44	50
1901 ...	112	87	69	51
1902 ...	172	78	114	33
1903 ...	10	100	73	43
1904 ...	78	50	59	18
1905 ...	66	80	59	29
1906 ...	17	66	31	34
1907 ...	13	80	22	44
1908 ...	3	63	17	37
1909 ...	1	26	1	15
1910 ...	0	93	0	32

Dairies, Cowsheds, and Milkshops.

There are 478 dairymen and purveyors of milk, and no cow-keepers, on the register. Their premises are visited four times yearly, and 1,764 visits were paid. In 35 cases formal notices were served to cleanse milk stores or milkshops, and were duly complied with.

The taking of samples of milk and other foods continues to be carried out by the Warwickshire County Council officers.

Overcrowding.

Reports containing particulars of houses which were alleged to be overcrowded were submitted to the Medical Officer of Health in 9 cases. In 5 of these notices to abate nuisances arising from overcrowded dwelling-houses were served, and complied with in 4 cases. In the remainder action was not considered necessary.

Common Lodging Houses.

There are no common lodging houses registered in Aston Manor, nor any houses let in lodgings.

Sewers and Sewage Treatment.

The sewers are for the most part of modern construction (earthenware pipe or brick). The combined system largely obtains, but in some parts of the Borough separate storm water sewers have been provided, so minimising nuisance from flooding in times of storm in those lower portions of the district which used to suffer in that way. The sewage is dealt with at the sewage farm of the Birmingham Tame and Rea District Drainage Board at Castle Bromwich, on the bacteria system.

The Borough Surveyor kindly supplies the following details as to new sewerage work during 1910 :—

> "No new sewers have been laid during the year, but a very important piece of work in connection with the sewerage system has been carried out by this Corporation in conjunction with Handsworth and Smethwick. The work comprises the construction of a storm water overflow to carry off flood water in times of storm, and so relieve the main sewer which drains the southern portion of the district. Any necessary small repairs have been carried out to the sewers, but none are of sufficient magnitude to warrant special mention."

Offensive Trades.

There have been no complaints during the year regarding the few offensive trades carried on in Aston Manor.

Slaughterhouses.

The number of registered slaughterhouses remains at 28, of which 23 are in regular use. The visits paid to them during 1910 were 397, and 14 notices of nuisances or breaches of the byelaws were served in connection with slaughterhouses during the year.

There was one formal seizure of unsound food during the year from a butcher's premises and consisted of a quantity of beef, weighing 1 cwt. 3 quarters 14 lbs. It was doubtful, considering all the circumstances, whether a prosecution would be successful, and a letter of caution was sent to the offending party by the Health Committee's direction.

There were also surrendered for destruction the carcases and organs of six pigs, the total weight of which was 9 cwt. 3 quarters.

Water Supply.

The Borough is supplied with water by the Corporation of Birmingham. No houses are known to the Public Health Department which are without this source of supply, but action is now pending against the owners of four houses for insufficient supply.

House Refuse Removal and Disposal.

The removal and disposal of house refuse and of night-soil is undertaken free of charge by the Council, and the Superintendent's tabular report appears on page 154. All night-soil and house refuse is destroyed by burning. Ashpits and middens are emptied on application, and dust-bins and tubs are emptied periodically, some weekly and some fortnightly.

The Sanitary Inspector, in his report, gives the following estimate as to the number and kind of receptacles for house refuse in use in Aston Manor :—

Ashpits	8,930
Dust Bins or Tubs	1,489
Middens	904

Factory and Workshop Act,
1901.

Factories.

Factories include all places in which mechanical power is used in aid of the manufacturing processes.

Twenty-seven inspections of factories were made by the Sanitary Staff as a result of complaints being received; in 15 cases written notices were served. The duty devolving upon the Health Department in connection with factories is the enforcement of the provision of suitable and sufficient sanitary conveniences.

Workshops.

Workshops include any premises (not being factories) in which manual labour is exercised by way of trade, or for purposes of gain in, or incidental to, the making, altering, repairing, finishing or adapting for sale of any article, and to or over which the employer of the persons working there has the right of access or control.

The number of workshops and workplaces on the register is 216, of which 56 are bakehouses.

Forty-five notices of occupation of workshops were received from H.M. Inspector of Factories during the year. Eighteen referred to workshops already on the register. The others were visited and added to the register, except three which were found to have become factories owing to motive power being provided since the notice of occupation was given.

The Inspectors made 425 visits to workshops and on 75 occasions the premises were found to be incorrect. There are very few underground workshops, and all of them comply with the essential requirements in respect to light and ventilation; none of them are occupied by a great number of workers. A number of new workshops has been added to the register during the year, but owing to bad trade there were three less on the register at the end of 1910 than at the end of the previous year.

There is no industry peculiar to Aston Manor. The list of trades carried on in the 216 workshops is as follows :—

Bakers	56
Bootmaking and Repairing	12
Blacksmiths	6
Box and Bag Making	4
Cabinet Making and Carpentering	9
Cycle and Motor Building	5
Dressmaking and Millinery, etc.	35
Gold Chain, Jewellery, etc.	2
Laundries ...	9
Pearl Button Making	8
Tailoring ...	20
Miscellaneous Workshops	50
	216

H.M. Inspector of Factories for the district forwarded me 21 "notices of sanitary defects" at workshops or factories during the year. Eleven referred to insufficient or unsuitable sanitary accommodation at factories, and the remaining ten to the following defects :—6 to dirty bakehouses, 1 to defective drain, 1 to insufficient means of escape from fire (referred to the Fire Brigade), 2 to miscellaneous nuisances.

These eleven cases, and six others which came under the Sanitary Inspector's notice during the year, were dealt with by the Borough Surveyor, the accommodation being made sufficient or suitable in most cases, and three remaining under his notice at the close of the year.

In this connection some interest attaches to the latest regulations regarding the cleansing of factories and workshops issued by the Minister for Labour and Industry in the Government of New South Wales. These provide that—(*a*) The floors and windows of every factory shall when so ordered by an inspector, be washed with hot water and soap once at least every four weeks, provided that the occupier of any factory may appeal from such order to the Minister, whose decision shall be final. (*b*) The seats and floors of every closet, lavatory, and dressing room used by the employees in any factory or shop shall be thoroughly scrubbed with water and soap once at least every week. (*c*) Each urinal and the floor adjacent to such urinal, and all sinks and washbasins in any factory or shop, shall be thoroughly cleansed with water every day. The regulations add that in all the above washings and cleanings the water used must have a disinfectant mixed with it.

The standard of sanitary accommodation adopted in the Borough is that laid down in the Secretary of State's Order for February 4th, 1903, viz.: One sanitary convenience for every 25 persons (with modifications where more than one hundred persons are employed), and with separate accommodation for the sexes where both sexes are employed.

No report had to be sent to H.M. Inspector of Factories under Section 133 of the Act (*re* absence of abstract of Act required to be posted in workshops where women, young persons, or children are engaged), and there was no breach of Regulations by failure to affix notice stating maximum number of persons to be employed in a workshop.

The number of visits to workshops and workplaces during 1910 was 356. The nuisances dealt with were :—

Dirty Workshops and Bakehouses	61
Offensive or Insufficient Drainage	3
Defective or Offensive Waterclosets	6
Defective Roofs and Spouting	7
Defective Floors, Ceilings, or Stairs	6
Defective Paving...	—
Miscellaneous	13
	96

The provisions of the Act as to means of escape from fire are carried out by the Superintendent of the Fire Brigade. In his Annual Report he says, regarding this, that during 1910 two notices were served on owners of factories for structural alterations, and 70 inspections were made to ascertain whether the exits provided are maintained in good condition and free from obstruction.

Bakehouses.

The sanitary control of bakehouses is dealt with under the Factory and Workshop Act and Public Health Acts.

By Section 133 of the Workshop Act, 1901, if any child, young person, or woman is employed in a bakehouse, the Medical Officer shall, on becoming aware thereof, give a written notice to His Majesty's Inspector of Factories.

Where any room or place used as a bakehouse is in such a state as to be, on sanitary grounds, unfit for use as a bakehouse, the occupier is liable on summary conviction to a fine not exceeding forty shillings.

No new bakehouses were added to the 56 on the Register during 1910.

Underground Bakehouses.—There are none of these on the register.

Workplaces.

Workplaces include any place where work is done permanently, and where people assemble together to do work permanently of some kind or other. The kitchens of restaurants, etc., though they are not workshops, come within the meaning of the term "workplace."

Home Work.—Five of the trades in which employers have to submit lists of outworkers are represented in the Outworkers' Register. They are :—

1. Making, repairing, etc., of wearing apparel.
2. Carding.
3. Paper bag and box making.
4. Brush making.
5. Electro-plate.

Particulars of these, and of the returns received, etc., are given in the table on page 150. As in past years, the figures are above the actual number of outworkers, as one person frequently works for several different employers.

336 inspections were made at homeworkers' premises, and nuisances were discovered as specified below :—

Dirty Houses or parts thereof	8
Choked or Defective Waterclosets	15
Choked or Defective Drains	4
Defective Sink	3
Defective Spouting	6
Miscellaneous	5
	41

Infectious Disease in Outworkers' Homes, and Unwholesome Premises.—No action has been necessary in regard to prohibiting homework owing to the premises being unwholesome, but in a few cases, chiefly in cases of wearing apparel, outwork has had to be disinfected on account of infectious disease occurring in the outworkers' home.

Hospital Isolation.

Isolation Hospitals.

A brief summary of the history of the growth of the Hospitals of Aston Manor is of sufficient importance to include in this report, as it illustrates the progress and marked improvements made from time to time for the prevention of infectious disease carried out at great expense.

In 1883, during an epidemic of small-pox, a site of four acres was acquired for the isolation of both small-pox and scarlet fever in the country, within the Staffordshire boundary and three miles from the Aston Manor Council House. Upon part of this site, in 1884, an administrative block was built, and two brick pavilions—one, of two wards for six adult patients each, the other a quarantine block of four small wards under one roof, for twelve adult patients—and formally opened in June, 1885. This Hospital was not completed until the epidemic of small-pox had nearly disappeared from Aston Manor, and therefore only a few cases of this disease were isolated there; and as the Hospital was not in use for some time, the Aston Local Board utilised it for the isolation of Scarlet Fever, and for this purpose it has been used ever since.

In 1885 an agreement was entered into for the isolation of small-pox and scarlet fever from the district of the Aston Rural Sanitary Authority for a term of twenty-one years, which agreement lapsed in the month of September in the year 1906. Under this old agreement an additional site of one acre of land, together with the buildings of a small cottage Hospital for isolation, situated on the opposite side of the road, but in Warwickshire, was leased to the Aston Local Board for the same period of years. The Aston Rural Authority was subsequently altered and divided into the Authorities of the Royal Borough of Sutton Coldfield, Erdington District Council, and the Castle Bromwich Sanitary Districts.

I submit a short epitome of the extensions in accommodation, etc., made during epidemic periods since the opening in 1885.

In 1890, owing to the increase in scarlet fever a (third) Pavilion was added to accommodate 12 adult patients, allowing 2,000 cubic feet each. This Pavilion was built of wood, with brick foundations and slated roof, and warmed by slow combustion stoves.

In 1892, two new lavatories and other conveniences were built in connection with two of the smaller brick wards of the quarantine block, which was originally built without them.

In 1893 during an epidemic of small-pox in Aston Manor, a (fourth) Pavilion for 20 adult patients, allowing 2,000 feet each, was built on the one acre site leased from the Aston Rural Sanitary Authority. This pavilion was erected of wood and corrugated iron, on a brick foundation.

In 1895, owing to another epidemic of scarlet fever, another (fifth) Pavilion was added for 12 adult patients, allowing 2,000 cubic feet each, with accommodation for nurses, built with double wooden walls with felt and shavings between, on brick foundations, with slate roof.

In November of the same year (1895), as this increased accommodation was overtaken by the admissions of scarlet fever patients, not only from Aston Manor, but from the large area from which the District Council was under agreement to admit cases, the adjacent iron pavilion, on the one acre site built for small-pox cases in 1893, was disinfected, re-varnished and re-furnished, and used as convalescent wards for scarlet fever, these wards remaining as scarlet fever wards ever since, and still forming part of your present Scarlet Fever Hospital.

During 1899, the enlargement of the administrative block, including the building of a dining hall, with additional accommodation for nurses, was completed.

In 1893, owing to the knowledge then recently acquired, that small-pox was liable to spread by aerial infection for a considerable distance, the Local Government Board refused to sanction a loan for the erecting of a Small-pox Department on this original site.

In 1897, a new site of five acres, situated one-quarter of a mile from the Scarlet Fever Hospital, was procured, and a modern permanent Small-pox Hospital erected there, comprising an administrative block, a large pavilion of two wards, and a pavilion of two small wards, outbuildings, laundry, and steam disinfector, the whole being lighted by electricity. As it was considered advisable to place the two 27-horsepower gas engines and generating station necessary for the electric lighting and pumping of sewage from the Small-pox Hospital site on the grounds of the Fever Hospital, the latter was at the same time installed with electric light, and a steam laundry erected; also engines for generating power for the lighting of both Hospitals, and for the driving of new laundry machinery, pumping, etc.

At the same time a Mortuary at the Fever Hospital was built, and a steam disinfector, with pure and impure rooms, in the place of the old hot-air one.

In the year 1906, owing to another epidemic of scarlet fever a (sixth) Pavilion, to accommodate 20 adult patients, built of wood and corrugated iron, lined with felt, with saw-dust between, was erected.

The wards and beds now allotted to Scarlet Fever and Small-pox, on their respective sites, allowing 2,000 cubic feet per adult, are as follow :—

1885	One pavilion of two wards for 6 adults each	(brick)	12 beds
	One quarantine pavilion of 4 small wards	(brick)	12 ,,
1890	One pavilion of two wards for 6 adults each	(wood)	12 ,,
1893	One pavilion of two wards for 10 adults each (on one acre site)	(iron)	20 ,,
1895	One pavilion of two wards for 6 adults each (two nurses' bedrooms)	(wood)	12 ,,
	Small old Cottage Hospital, on one acre site, now used as pure ward for two patients, nurses' bedroom and discharge room		2 ,,
1906	One pavilion of two wards for 10 adults each	(iron)	20 ,,
	Allowing 2,000 cubic ft. per adult		90 ,,

Smallpox Hospital (*Five Acre Site*).

One pavilion of two wards for two adults each	4 beds
One pavilion of two wards for ten adults each	20 ,,
Allowing 2,000 cubic feet per adult	24 ,,

Hospital Maintenance.

In 1906 an agreement was renewed (for a period of 21 years) between this Corporation and the Corporation of Sutton Coldfield, the Urban District of Erdington, and the Rural District Council of Castle Bromwich in relation to the isolation and treatment of cases of scarlet fever and small-pox at your Hospitals. The following terms were arranged :—

> "Sutton Coldfield to pay a sum of £235 per annum towards the general cost of maintenance and management of the Hospitals.
>
> "The Urban District Council of Erdington to pay a sum of £270 per annum for the same purpose.
>
> "The Rural District Council of Castle Bromwich to pay a sum of £45 per annum.
>
> "In addition to these sums, each Authority agrees to pay a sum of 21s. per week for each case of Scarlet Fever treated at the Hospital, and 30s. per week for each case of Small-pox, and 1s. per mile as the cost of moving each patient to the Hospitals."

The agreement further provides that if at the end of the first seven or fourteen years of the term, either of the parties shall be desirous of revising the payments to be made in respect of maintenance, or for the treatment of cases, they shall be at liberty so to do upon giving six calendar months' previous notice in writing to the others of them of such desire, and in case the parties shall be unwilling to agree upon the sum to be then charged, the matter in dispute shall be referred to the Local Government Board for their arbitration and award.

Prevalence of Scarlet Fever.

During the past year scarlet fever has been very prevalent in the Borough, and the type of the disease was severe in August and September.

There was a marked increase in the number of cases notified, compared with preceding epidemic years. During the first two quarters of the year the ward accommodation of the hospital was not unduly taxed, but during the third and fourth quarter there was a great influx of cases, and most of the wards were full. Of the 447 cases notified in the Borough, 366 were isolated in the Scarlet Fever Hospital, which means that 82 per cent. of the notified cases were isolated, this being a higher percentage than that of the previous year.

In addition to the 366 cases admitted from Aston Manor, 132 cases were received for isolation and treatment from the outside contributory authorities, making a total of 498 cases admitted during the year under review. At the close of 1909 there were remaining in hospital 106 cases, therefore, during 1910 there were 604 cases under treatment. During the year ten cases died in hospital—nine from Aston Manor and one from Sutton Coldfield. The mortality rate during the year, calculated on the number of cases under treatment, was 1·6, and on the number of cases admitted 2 per cent.

It is interesting to note the condition of the heads of patients on admission. Out of 356 patients observed by me 127 had "dirty heads," there were 40 cases of nits, 3 cases of ringworm, and 186 were clean. So that 47·7 per cent. were unclean.

Mistaken Diagnosis.

There have been 15 cases of mistaken diagnosis admitted since June 1st, including 1 case of urticaria, 3 of catarrh, 1 of eczema, 5 of tonsilitis, 1 of injury to head, 3 of teething. Notwithstanding the fact that doubtful cases are isolated, seven of the cases developed scarlet fever at periods varying from the 4th to the 18th day, which is largely due to the fact that frequently when the patient reaches the Hospital the acute stage is over, and it is then often difficult to decide whether the patient has scarlet fever or not. Consequently when notified as such it is put in the general ward unless your Medical Superintendent sees a special reason for isolating it from the other cases. Of the remaining 8 cases they were separately isolated and returned home after periods varying from 14 days to a month without their having contracted scarlet fever Notwithstanding the fact that the Health Committee have arranged that the Superintendent at the Hospital shall see any doubtful cases for medical men in the Borough we have this comparatively large amount of error to deal with.

Return Cases.

All new cases of scarlet fever which have occurred, either in the same house or from contact with an original case within a period of not less than 24 hours nor more than 28 days after the return of a previous patient from the hospital have been counted as "return" cases. During the year 9 such cases were recorded ; but there is no doubt that certain of these so-called " return" cases were not due to the Hospital. Every precaution is taken to guard against them, and all parents sign one or other of the following forms when taking the patient from the hospital. No infected clothing leaves the hospital, the parents of each patient supplying clothes on their discharge.

No. 1.

ASTON MANOR ISOLATION HOSPITALS.

*I, the undersigned, being the..............of....... ... .
and residing at..do hereby undertake that before receiving him (her) home from the Hospital I will send all children in my house who have not had Scarlet Fever to Mr..............................of.................................
for a period of at least.....................weeks.*

Signed.................................

Date..........................191

No. 2.

ASTON MANOR ISOLATION HOSPITALS.

*I, the undersigned, being the..............of.................
and residing at..do hereby undertake that on his (her) being discharged from Hospital I will send him (her) at once without previously going home to Mr..of.....................................
(where there are no children who have not already had Scarlet Fever) for a period of at least.................weeks.*

Signed...................................

Date..........................191

In addition to this I make it a practice to interview the friends before the discharge of the patient, when the following form is handed to each :—

BOROUGH OF ASTON MANOR.

Isolation Hospitals,
Erdington,
............................191

Note to Relatives of Patients recently suffering from Scarlet Fever.

....*is this day discharged from Hospital, being, in my opinion, free from any visible sign of infection.*

W. H. WHITEHOUSE,
Medical Superintendent.

As, however, it is not possible to detect a slight lingering of infection in every case you are hereby advised that:--

1. *Should not be allowed to sleep in the same bed as other children who have not had Scarlet Fever.*

2. *Should not be allowed to play with other children in such a way as to come into close personal contact, nor should he (she) be allowed to kiss either other children or older persons.*

3. *Should not use the same pocket handkerchief, towel, flannel, eating vessel, or drinking mug, unless previously washed, or be washed in the same water before or along with other children.*

4. *If any discharge from the nose or ears should appear he (she) should be separated from the other children and a doctor should be called in.*

5. *Should keep the child away from school for the next four weeks.*

W. H. WHITEHOUSE,
Medical Officer of Health,

Cross-Infection.

The Hospital was comparatively almost free from cross-infection during the year 1910. The chief methods by which it may be introduced are:—(1) Patients admitted suffering from other diseases than scarlet fever: (2) patients admitted from houses where such other disease exists, but not actually suffering from it themselves: (3) introduction of letters, parcels, toys, etc., from infected houses.

Treatment in Fever Cases.—Every care is taken to ensure the separation of the acute cases and the septic cases from the chronic and clean cases. Children with running ears and noses are rigorously excluded from children free from such complications. In clean cases it is a question whether the treatment of the noses and throats does not do more harm than good, as the chances of infection from other patients is great, although the nurses wear rubber gloves and a fresh nozzle is used for each child. In the septic cases where there is much foul discharge irrigation is employed, "nasal plasma" solution being employed and followed by spraying of euformal or pyocyanase into the nostrils and throat of the patient (pyocyanase is a filtered broth in which the bacillus pyocanens has been grown). The spraying seems to inhibit the growth of the organisms of suppuration and is valuable in cleaning up foul discharges. In malignant or toxic cases I have used with great success polyvalent antistreptococcus serum, which acts as a vaccine. This, together with saline infusion, seems in these cases to be the only hopeful line of treatment.

To the Chairman of the Hospital Sub-Committee, Mr. Councillor James Evans, I have to tender my warmest thanks for his great personal interest and efforts in helping me to bring the regime at the Hospital up to its present standard of efficiency. Every facility has been placed in my way by the Committee for improving the system of hospital administration in every particular.

Much of the success which has attended my efforts in the management of the hospital and the treatment and comfort of the patients has been due to the skill and devotion of Miss B. Noakes, who since Miss Black's illness has been appointed Acting Matron. In her I have the greatest confidence, and feel that the Committee have chosen well in handing over to her for the present the duties of Matron. The unremitting care and attention of the Staff generally have met with my approbation and helped to promote the efficiency and reputation of your Hospital.

At the close of 1909 there were 106 cases of scarlet fever remaining in hospital, and during 1910 there were 498 cases admitted, 528 discharged, and 10 died, leaving 66 remaining under treatment at the end of the year.

The following is a statement of the total number of scarlet fever cases from Aston Manor and contributing districts admitted, discharged, or died at the Fever Hospital during the past five years, and the mortality per cent. on the admissions :

SCARLET FEVER.

	1906	1907	1908	1909	1910
Number in Hospital on 1st day of year	35	79	71	91	106
Admitted during year ...	311	339	361	487	498
Discharged...	262	341	327	463	528
Died	5	6	14	9	10
Remaining at end of year	79	71	91	106	66
Mortality on number admitted	1·6%	1·7%	3·8%	1·8%	2%

Ambulance Work.

For the removal of patients to hospital, and for the removal of infected bedding, and its return after disinfection, an adequate ambulance staff is maintained. There are two ambulances provided for the removal of infectious patients to hospital, and as far as possible one ambulance is reserved for each form of disease. In every case the ambulance is cleansed and disinfected in the following way each time it is used and before it is used for another patient.

The rugs in which the patient is wrapped are left for disinfection at the hospital. The interior of the ambulance (which is of white enamelled wood) is sponged down with a strong solution of formalin. A clean disinfected rug is supplied before another patient is removed.

TABLE OF ALL CASES ADMITTED INTO HOSPITALS.

Year.	Aston Manor.	Erdington.	Castle Bromwich.	Sutton.	Saltley.	Birmingham.	Handsworth.	Workhouse.	Others.	Total.
1885	9	1	—	—	—	—	—	—	—	10
1886	14	1	—	—	—	—	—	—	—	15
1887	22	—	—	6	—	—	—	—	—	28
1888	17	7	—	23	—	—	—	17	2	66
1889	76	7	—	8	16	23	—	20	2	152
1890	160	44	—	8	9	20	—	24	1	266
1891	124	13	—	65	17	—		3	2	224
1892	92	8	—	7	—	—	—	11	2	120
1893	194	20	—	3	—	—	—	1	2	220
1894	208	31	—	7	—	—	—	4	3	253
1895	227	52	11	25	—	—	—	10	2	327
1896	257	75	5	55	3	15	—	2	—	412
1897	176	27	—	27	—	—	—	3	1	234
1898	59	12	4	13	—	—	—	4	5	97
1899	53	4	1	10	—	—	—	—	2	70
1900	247	30	10	9	—	—	—	6	1	303
1901	165	21	6	65	—	20	—	4	4	285
1902	230	19	4	41	4	—	13	1	1	313
1903	279	28	14	31	—	—	12	23	1	388
1904	123	31	3	47	—	—	—	18	1	223
1905	128	21	—	19	—	—	—	11	1	180
1906	269	34	2	7	—	—	—	—	—	312
1907	277	35	2	24	—	—	—	1	—	339
1908	193	103	10	35	—	—	—	20	—	361
1909	340	102	1	36	—	—	—	8	—	487
1910	366	74	4	33	—	—	—	21	—	498
Totals...	4305	800	77	604	49	78	25	212	33	6183

This Table includes Smallpox and Scarlet Fever cases.

Small-pox Hospital.

No case of small-pox has been under treatment at your Small-pox Hospital since the year 1906.

The total number of cases treated in the new Small-pox Hospital since the first case was admitted there from Aston Manor on February 13th, 1902, is 73. The following table shows the number of patients and the districts from which they were admitted :—

	Aston Manor.	Erdington	Workhouse.	Castle Bromwich.	Saltley.	TOTAL.
1902	7	3	—	—	4	14
1903	31	3	18	1	—	53
1904	3	—	—	—	—	3
1905	1	1	—	—	—	2
1906	1	—	—	—	—	1
1907–10	—	—	—	—	—	—

Whatever value is to be put on isolation hospitals for the part they have played in the past in diminishing zymotic disease, and whatever their destiny in the future may be, no one can but recognise that the incidence and virulence, as also the case mortality, of most zymotic diseases is to-day greatly modified and diminished, especially when compared with the epidemic virulence of these diseases in pre-isolation hospital days. I am convinced that any means taken, by hospital isolation or otherwise, to isolate infectious cases and thereby limit the spread of infection which takes place both directly and indirectly in many diverse ways, can have no other result than to tend to reduce the incidence of disease.

Poisons and Pharmacy Act.

During the year your Council granted one licence under this Act, the object of which is to regulate the sale of certain poisonous substances, and to amend the Pharmacy Act. The following are the principal regulations referred to in the Act :—

> In granting licences for the sale of poisonous substances for use exclusively in horticulture, preference shall be given to nurserymen, florists, seedsmen and other persons whose business is specially connected with horticulture.
>
> A licence shall not authorise the licensee to sell or keep open shop for the sale of poisonous substances except from or on premises (to be specified in the licence) within the area of the local authority which granted it, and for the purpose of these regulations, a municipal borough the council of which is a local authority for those purposes, shall not be treated as forming part of any county.
>
> Every local authority shall keep a register of the licences granted by them for the time being in force, and any person shall, at all reasonable times, upon payment of such reasonable fees as may be fixed by the local authority, be entitled to inspect and to make copies of, or take extracts from, the register.
>
> All poisonous substances shall be kept in a separate drawer or closed receptacle apart from any other goods, and poisonous substances shall not be sold upon the same premises as articles of food for human consumption unless the Local Authority are satisfied that convenient arrangements for their sale cannot otherwise be made, and

in that case they must be sold at a separate counter. For the purpose of this regulation a part of a counter which is shown to the satisfaction of the Local Authority to be adequately separated from the rest of the counter shall be treated as a separate counter.

A poisonous substance shall not be sold except in an enclosed vessel or receptacle as received from the manufacturer, distinctly labelled with the name of the substance and the word "Poison," and with the name and address of the seller, and with a notice of the special purpose for which it has been prepared.

Liquid preparations shall be sold only in bottles, tins, drums, or casks of sufficient strength to bear the ordinary risk of transit without leakage. Each bottle, tin, drum, or cask shall have the word "Poisonous" indeliby printed, marked or branded in easily legible characters in a conspicuous position apart from the label, and the label must bear the word "Poison." If a bottle, it should be easily distinguishable by touch from an ordinary bottle.

All premises shall at all reasonable times be open to inspection by officers appointed by the local authority.

Sanitary Legislation of 1910.

The barrenness of the Parliamentary Session of 1910, from a public health point of view, is well illustrated in connection with sanitary legislation, no measure of first-class sanitary importance having been added to the Statute Book, or even considered by Parliament during the year. Fortunately, this record is almost unique. There is much work for our legislators to undertake in the fields of sanitary and of Poor Law Reform—work of vital importance to the health and prosperity of the people of this country.

Census (Great Britain) Act.

(10 Edw. 7 and 1 Geo. 5; Chap. 27.)

This Act makes the necessary provision for taking the census on Sunday, April 2nd, 1911.

Diseases of Animals Act.

(16 Edw. 7 and Geo. 5; Chap. 20.)

This measure was promoted with the object of regulating, or, as far as possible, stopping the traffic with Belgium and Holland in old and worn out horses. The Act came into operation on 1st October, 1910.

Unsuccessful Bills.

The Public Health (Health Visitors) Bill, which was introduced by Mr. Burns on 18th July on behalf of the Local Government Board, was intended to enable Local Authorities, under the Notification of Births Act, to appoint Health Visitors.

It is unfortunate that in the midst of the political turmoil of the past year some effort was not made to facilitate the passing into law of this little uncontentious Bill of one clause, as it is essential to enable all Local Authorities to secure the full benefits of adopting the Notification of Births Act.

The Milk and Dairies Bill, which was laid before Parliament in 1909, but was eventually dropped, was not re-introduced during the past year. A private Bill dealing with the same subject, "to make better provision with respect to the sale of milk and the regulation of dairies," was, however, introduced, but it had to be dropped.

The Midwives (No. 2) Bill was introduced in the House of Lords on behalf of the Government, to give effect to some of the recommendations of the Departmental Committee appointed to consider the working of the Midwives Act, 1902. It proposed to increase the number of the Central Midwives Board from nine to thirteen members. The Bill passed through the House of Lords, but was abandoned in the House of Commons.

The Water Supplies Protection Bill was introduced, and aimed at determining "the rights and liabilities of persons supplying water under the authority of Parliament in certain cases," was referred for consideration to a joint Select Committee of both Houses. The Committee were not slow to avail themselves of the opportunity of making an interesting and useful report on the general question, emphasising the shortcomings of the existing law as to water supply, and the need for giving effect to the recommendation of the Royal Commission on Sewage Disposal, that a new central administrative authority should be constituted to consider and deal with the water supply question throughout the country as a whole. Legislation on the lines recommended by the Sewage Disposal Commission is urgently needed, not only in connection with the conservation and utilisation of the water supplies of the country, but also with regard to the pollution of our rivers and the protection from pollution of oysters and shell fish. The growing importance of the matter is undisputed, but nothing short of Government legislation on the whole subject can be of any avail.

The Royal Sanitary Institute Congress, September, 1910.

Acting on your instructions I visited the 25th Congress of the Royal Sanitary Institute, at Brighton, as delegate, on Monday, September 5th, when a large number of members and delegates were welcomed by the Mayor. In the evening the Hon. Sir John Cockburn, K.C.M.G., M.D., delivered his presidential address to the congress. He dealt in very entertaining fashion with the progress of sanitary science, but his utterances have been so fully reported in the lay press that further notice here is uncalled for.

The Section on

SANITARY SCIENCE AND PREVENTIVE MEDICINE

commenced its sittings under the presidency of Dr. E. W. Hope, whose opening address was in effect a very able summary of all those questions which demanded the attention of the Congress.

The Section then proceeded to discuss

THE CLEANSING AND DISINFECTION OF SCHOOLS.

Dr. D. A. Carruthers, who read the opening paper, said that no one would suggest that disinfection was a panacea for the control of infectious diseases in schools. The fundamental principle must always be the control of the infected child: but unfortunately such control was only possible in the case of notifiable diseases. He contended that inasmuch as disinfection is an aid to improving the general health of the children in the school, it ought not to be neglected. Further, Dr. Carruthers urged that although infectious disease is chiefly introduced into schools from outside, yet it undoubtedly does arise in school. He concluded that any systematic attempt to control infection must necessarily include measures for the destruction of infective material.

A prolonged discussion followed.

Dr. C. J. Thomas flouted the whole idea of "so-called school disinfection" as futile and impossible. He asked what was the good of disinfecting chairs and tables, while the actual infecting agent, viz., the child, would re-enter the school next day. All our ideas regarding the conveyance of infection had been revised in view of recent research regarding "carriers" and missed cases and the real remedy lay in searching out and excluding the infective child. Dr. Collingridge regretted the tendency to lose the sense of proportion in discussing this question. He feared that a prejudice against disinfection had arisen owing to the pushful methods of interested persons, but considerations of that kind must not blind them to the valuable purpose served by disinfectants when used with discretion in the schools. They could not overlook the undoubted possibilities of infection contained in the dust of school rooms, and while proper cleaning greatly reduced the danger, he believed that disinfectants might play a very useful part if applied with intelligence.

Dr. William Robertson (M.O.H., Dundee), discussed the

MUNICIPAL CONTROL OF PULMONARY TUBERCULOSIS.

He strongly advocated the adoption of compulsory notification, but protested against too much stress being laid on the infectious character of the disease. Chief attention, he said, should be concentrated on securing amelioration of causes contributing to the disease. It was the dread of fresh air that was at the root of much ill-health, and open-air treatment had taught the people to lose their fear of draughts. "Every House a Sanatorium" should be the motto of the health missioner. He gave an interesting description of the measures adopted at Leith.

where visitation of advanced cases is preferred to their isolation, since the danger from diffusion of bacilli can be greatly reduced by controlling the sputum.

Councillor Morgan Hopkins, of Swansea, then contributed a paper on

THE MILK QUESTION FRON A LAYMAN'S STANDPOINT,

in which he advocated the licensing of those engaged in the dairying industry precisely as in the case of vendors of alcoholic liquors. The ensuing discussion was very animated. Dr. H. E. Armstrong described the disquieting conditions revealed by his investigation of the milk supplies of Newcastle-on-Tyne, and he referred to a recent indictment preferred against cattle exported from England in an official publication issued by the United States Government, wherein it was stated that the pedigree stock sold from here to breeders all over the world was a standing menace owing to the amount of tubercular disease in English herds.

Conference of Medical Officers of Health.

Dr. Edward Sergeant (C.M.O., Lancashire), delivered his presidental address to the Conference of Medical Officers of Health. He commenced by pointing out that the crusade against communal uncleanliness had resulted in better systems of sewerage, improved paving of streets, the opening out of courts, purer water supplies, cleaner rivers, better scavenging, and the more scientific treatment of refuse. They owed much to the compulsory notification of disease and the establishment of isolation hospitals, but he thought the increased facilities for obtaining exemption from vaccination enormously increased the danger of a widespread epidemic of smallpox. The influence of sanitary reform was largely reflected in the lower death-rate, both adult and infantile. Typhus fever had practically disappeared, enteric was reduced in virulence, and phthisis was now only half as prevalent as 50 years ago. It was now becoming evident, however, that there was need for a clearer conception of the relationship of poverty and destitution to the causation of disease, and to point to the most appropriate way of initiating measures of prevention. In this respect he agreed with Dr. Newsholme, when he declared at the Leeds Congress last year that "the whole range of physical, mental, and to a large extent the moral life of mankind, may be brought within the range of preventive medicine."

The conference adopted without discussion the resolution submitted by the Section of Sanitary Science and Preventive Medicine arising out of the paper read by Dr. Bushnell and Dr. O. Hall. It was, " That this Congress approves the appointment of bacteriologists in the public health service in counties and municipalities where provision for bacteriological and pathological examinations is not already made, and recommends the Council of the Royal Sanitary Institute to support by resolution or deputation the statutory recognition of these offices."

SCHOOLS FOR MOTHERS

were discussed in a paper by Dr. J. F. J. Sykes (M.O.H., St. Pancras). He said that in the area over which he had control an advice card was sent to every mother the same day as the notification of the birth of a child was received. The card contained in concise form all the knowledge ordinarily necessary to a mother who was to maintain her child in a state of health. The school for mothers at St. Pancras cost £400 in the first year, £500 in the second, and in the third £600. The increased cost had been due to the success of the institution, this having entailed its removal into larger premises and the extension of its work. The extension of the work was in the direction of following up the educational work of the school by practical demonstrations in the homes of the poor. The work had been carried on for some time now by qualified lady demonstrators. In the poorest quarters of our towns facilities for cooking were usually of the most limited character. In not more than one house in ten was the grate, for instance, structurally suited for cooking purposes. The well-to-do classes were giving up family life for life in hotels, and among the very poor there was a movement on somewhat similar lines; they would find many a mother who had not cooked a meal in the house for six months; the existence of the ham-and-beef shops and the fried-fish shops made her regard cooking as something quite outside her duties.

Conference of Municipal Representatives.

Dr. Forbes, M.O.H., dealt with the duty of municipalities towards consumption. He said that after a consideration of the experience of Brighton, any local authority might admit consumptives into their infectious disease hospital without fear of any risk to the patients, providing that the administration was efficient. His advice to local authorities was to make use of empty wards in their fever hospitals for the treatment of consumption, even though the wards were only temporarily vacant. If the fever hospital site was not good, consideration might be given to the adaptation of the small-pox hospital.

APPENDIX.

Tables.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.	
				Under 1 Year of Age.		At all Ages.						
		Number.	Rate.*	Number.	Rate per 1,000 Births registered	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	76,630	2,516	32·8	422	167	1,278	16·7	No Public Institutions.	No Public Institutions.	4	1.282	16·7
1901	77,560	2,419	31·1	465	192	1,229	15·8			52	1,281	16·7
1902	78,481	2,311	29·4	299	129	969	12·3			47	1,016	12·9
1903	79,417	2,282	28·7	362	159	1,031	12·9			148	1,179	14·8
1904	80,363	2,336	29·1	428	183	1,136	14·1			141	1,277	15·8
1905	81,320	2,129	26·1	307	144	986	12·1			166	1,152	14·1
1906	82,288	2,270	27·6	355	156	1,053	12·8			173	1,226	14·9
1907	83,266	2,128	25·5	260	122	935	11·2			218	1,153	13·8
1908	84,256	2,198	26·0	275	125	930	11·0			208	1,138	13·5
1909	85,257	2,039	23·9	251	120	972	11·4			216	1,188	13·9
Averages for years 1900-1909	—	2,262	28·0	342	149	1,052	13·0	—	—	137	1,189	14·7
1909	86,269	1,998	23·1	219	109	824	9·5	—	—	201	1,025	11·9

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water), 959. Total population at all ages, 77,316. Number of inhabited houses, 16,129; Average number of persons per house, 4·78 ... . } At Census of 1901.

Local Government Board.

TABLE II.—VITAL STATISTICS OF SEPARATE LOCALITIES IN 1910 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
	a.	b.	c.	d.
1900 ...	76,630	2,516	1,282	423
1901 ...	77,560	2,419	1,281	467
1902 ...	78,481	2,311	1,016	299
1903 ...	79,417	2,282	1,179	374
1904 ...	80,363	2,336	1,277	438
1905 ...	81,320	2,129	1,152	318
1906 ...	82,288	2,270	1,226	368
1907 ..	83,266	2,128	1,153	268
1908 ...	84,256	2,198	1,138	289
1909 ...	85,257	2,039	1,188	261
Averages of Years 1900 to 1909 ...		2,262	1,189	348
1910 ...	86,269	1,998	1,025	233

Local Government Board.

TABLE III.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1910.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						
	At all Ages.	At Ages—Years.					
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards
Small-pox ...	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Diphtheria, including Membranous croup ...	45	1	16	18	7	3	—
Erysipelas ...	56	1	4	6	5	35	5
Scarlet fever ...	447	7	133	258	29	20	—
Typhus fever ...	—	—	—	—	—	—	—
Enteric fever ...	26	—	—	14	3	9	—
Relapsing fever ...	—	—	—	—	—	—	—
Continued fever...	—	—	—	—	—	—	—
Puerperal fever ...	7	—	—	—	1	6	—
Plague	—	—	—	—	—	—	—
Totals ...	581	9	153	296	45	73	5

Extended Schedule sanctioned by Local Government Board to replace the Government Table IV.

CAUSES OF, AND AGES AT, DEATH DURING 1910 IN THE BOROUGH OF ASTON MANOR WHETHER OCCURRING IN OR BEYOND THE DISTRICT.

No.	DISEASES.	AGES.													All Ages.
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	85—	
1	Small-pox :														
	(*a*) Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Unvaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) No Statement	..	..	..	..	..	..	..	..	..	..	..	..	..	.
2	Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	.
3	Scarlet Fever	1	5	8	..	..	..	1	1	..	..	..	..	..	16
4	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Epidemic Influenza	..		..	..	..	..	1	..	1	2	..		1	5
6	Whooping Cough	8	16	1	..	..	..	..	..	..	..	..	..	..	25
7	Diphtheria	..	4	2	..	..	..	..	..	..	..	..	..	..	6
8	Enteric Fever	..	..	..	1	1	..	..	..	2	1	..	..	..	5
9	Asiatic Cholera	..	..	..	..	..	..	..	..	.	..	..	..	..	..
10	Diarrhœa, Dysentery	15	5	..	..	..	..	1	1	..	1	..	..	..	23
11	Epidemic Enteritis	17	4	1	..	..	..	..	..	..	..	1	1	..	24
12	Other Allied Diseases	..	..	..	..	..	..	..	..	..	..	..	..		
13	Hydrophobia	.	..	..	..	.	..	..	..	..	..	..	..	..	-
14	Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Tetanus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Cowpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Syphilis	1	1	..	..	..	..	..	..	..	..	..	..	..	2
19	Gonorrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	
20	Phagedæna	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Erysipelas	..	..	..	..	..	..	..	..	..	1	..	..	..	1
22	Puerperal Fever	..	..	.	..	..	1	4	3	..	.	..	..	..	8
23	Pyæmia	..	..	..	..	..	..	..	1	1	1	1	..	..	4
24	Infective Endocarditis	..	..	..	..	..	..	..	.	..	..		..	..	..
25	Other Allied Diseases	..	..	..	..	..	..	.		..	.	..	1	..	1
25A	Cellulitis	..	..	..	..	..	..	..	..	..	..	.			..
26	Malarial Fever	..	..	..	..	..	..	..	..	..	..	..		..	..
27	Rheumatic Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28	Rheumatism of Heart	..	..	..	1	..	..	..	..	1	..	.	..	..	2
29	Tuberculosis of Brain	2	1	1	1	..	1	..	..	..	..	..	..	..	6
30	Tuberculosis of Larynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31	Phthisis	1	3	2	..	6	12	22	21	23	3	1	..	..	94
32	Abdominal Tuberculosis	1	2	.	..	..	..	1	..	..	1	.	..	..	5
33	General Tuberculosis	..	3	..	.	.	..	1	..	1	..	..	..	..	5
34	Other forms Tuberculosis	..	3	..	..	..	..	.	..	..	1	..	..	..	4
35	Other Infective Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..
36	Thrush	..	..	..	..	..	..	..	..	..	..	..	..	..	.
37	Actinomycosis	..		..	..	..	..	..	..	..	..	..	..	..	..
38	Hydatid Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Scurvy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	Other Diseases due to Altered Food	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40A	Ptomaine Poisoning	..	..	..	..	..	..	..	..	..		..	..	..	
41	Acute Alcoholism	..	..	..	..	..	..	..	..	.	..	..	..	..	
42	Chronic Alcoholism	..	..	..	..	..	..	..	..	1	..	..	..	..	1
43	Chronic Industrial Poisonings	..	..	..	..	..	..	..	..	..	..	..	..	..	
44	Other Chronic Poisonings	..	..	..	..	..	..	..	..	..	..	.	..	..	.
45	Osteo-arthritis	..	..	..	..	..	..	..	1	..	.	..		..	1
46	Gout			..	..	..	..	..	..	..	..	..	..	..	..
47	Cancer	1	.	..		..	1	2	4	20	16	18	3	..	65
48	Diabetes Mellitus	..		..	..	..	2	2	1	..	.	2	..	..	7
49	Purpura Hæmorrhagica	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50	Hæmophilia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia	..	..	..	..	..	..	..	..	..	1	..	..	..	1
52	Lymphadenoma	..	..	..	..	..	..	..	..	..	..	..	..	..	.
53	Premature Birth	37	..	..	..	..	..	..	..	..	..	..		..	37
54	Injury at Birth		..	..	..	..	..	..	..	..	..	..	..	..	..
55	Debility at Birth	9	..	..	..	..	..	..	..	..	..	..	..	..	9
56	Atelectasis	..	..	.	..	..	..	..	..	..	..	..	..	..	..
57	Congenital Defects	1	1	..	..	..	.		..	..	..	..		..	2
57A	Imperfect Development at Birth	1	..	..	..	.	..	..	..	..	..	..	..		1
57B	Morbus Cordis	4	1	..	..	..	..			..			.	..	5
57C	Deformity of Heart	2		.	..	..	..	..	..	..		..	.	.	2
58	Want of Breast Milk	1	..	.	..	..	..	..	..	..	..	..	..	..	1

Extended Schedule sanctioned by Local Government Board to replace the Government Table IV.—continued.

CAUSES OF, AND AGES AT, DEATH DURING 1910 IN THE BOROUGH OF ASTON MANOR WHETHER OCCURRING IN OR BEYOND THE DISTRICT—*continued.*

No.	DISEASES.	AGES.													All Ages.
		0–	1–	5–	10	15–	20–	25–	35–	45–	55–	65–	75–	85–	
59	Atrophy, Debility, Marasmus	31	..	..	..	..	..	..	..	..	..	..	..	..	31
60	Dentition	2	1	..	..	..	..	..	..	..	..	..	..	..	3
61	Rickets	1	2	..	..	..	..	..	..	..	..	..	..	..	3
62	Old Age, Senile Decay	..	..	..	..	..	..	..	..	1	1	18	44	10	74
63	Convulsions	13	3	..	..	..	..	..	..	..	..	..	..	..	16
64	Meningitis	4	3	3	1	..	..	..	..	..	..	..	..	..	11
65	Encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	Apoplexy	..	..	..	..	..	..		..	2	2	2	1	..	7
67	Softening of Brain	..	..	.	..	..	..	..	..	..	2	4	..	..	6
68	Hemiplegia	..	..	..	..	..	..	..	..	..	1	2	..	..	3
69	General Paralysis of Insane	..	..	..	..	..	..	1	2	..	1	1	.	..	5
70	Other forms of Insanity	..	..	..	..	..	..	..	1	..	2	..	..	..	3
71	Chorea	..	..	..	..	..	..	..	..	..	..	..	..	..	.
72	Cerebral Tumour	..	..	..	..	1	.	..	1	.	..	..	..	.	2
73	Epilepsy	..	..	..	..	..	..	..	2	..	..	..	..	..	2
74	Laryngismus Stridulus	..	1	1	..	..	..	..	..	..	..	..	..	..	2
75	Locomotor Ataxy	..	..	..	..	..	..	.	1	..	1	..	..	..	2
76	Paraplegia	..	..	..	..	.	..	..	..	1	.	1	1	..	3
77	Other forms, Brain Diseases	..	..	..	.	..	.	..	..	2	..	..	..	..	2
77A	Peripheral Neuritis	..	..	..	..	..	..	..	..	..	1	..	..	..	1
77B	Neuritis	..	..	..	..	..	..	..	..	..	..	..	..	..	1
77C	Cerebro Spinal Meningitis	.		..	..	..		..	..	..	..	..	..	.	1
78	Otitis	..	..	1	1	..	..	..	.	..	..	..	..	..	2
79	Disease of Nose, Epistaxis	..	..	..	..	..	..	.	.	..	..	..	..	..	..
80	Diseases of Eye	.	..	.	..	..	..	..	..	.	..	..	..	.	..
81	Pericarditis	..	.	..	1	.	..	..	..	1	..	..	..	.	2
82	Endocarditis	..	1	1	1	..	..	1	2	8	10	5	2	..	31
83	Hypertrophy of Heart	..	..	..	.	..	..	..	..	..	..	..	..	..	..
84	Angina Pectoris	..	..	.	..		..	.	..	..	..	..	.	..	..
85	Aneurism	..	..	..	..	..	..	.	.	..	..	..	..	..	..
86	Senile Gangrene	..	..	..	..	..	..	..	..	..	..	..	1	..	1
87	Embolism, Thrombosis	..	..	..	1	..	..	..	2	...	..	1	1	.	5
88	Phlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
89	Varicose Veins	..	..	..	..	.	..		..	..	..	..	..	..	..
90	Other Diseases, Heart and Vessels	1	..	..	..	..	.	1	2	1	8	4	3	1	21
90A	Cardiac Dilatation	..		.	..	..	..	..	..	1	1	1	..	..	3
90B	Cerebral Hæmorrhage	..	.		..	..	..	..	2	8	6	7	5	1	29
90C	Fatty Degeneration of Heart	.	..	..	..			3	1	2	4	5	4	..	19
90D		1	1	..	1	1	2	3	1	4	5	6	3	..	28
91	Laryngitis	..	..	1	..	..	..	..	..	1	1	..	..	..	3
92	Croup	..	..	.	..	.	..	..	..	..	..	.	.	..	..
93	Other Diseases, Larynx and Trachea	..	..	..	..	..	.	..	..	..	..	..	..	..	..
94	Acute Bronchitis	22	3		..	..	..	..	2	1	7	8	3	..	46
95	Chronic Bronchitis	.	..		..	..	..	..	3	6	11	22	6	..	48
96	Lobar Pneumonia	..	..	..	..	..	2	..	1	2	1	1	..	..	7
97	Lobular Pneumonia	21	19	..	..	..	..	..	.	1	..	3	..	..	44
98	Pneumonia	5	6	1	1	..	4	4	8	2	5	3	..	..	39
99	Emphysema, Asthma	..	1	..	..	..	..	..	..	..	..	..	..	..	1
100	Pleurisy	..	1	1	..	..	..	..	..	1	1	1	..	.	5
101	Other Diseases, Respiratory System	..	..	.	..	..	..	..	..	1	.	..	..	..	1
101A	Fibroid Phthisis	..	..	..	..	..	..	..	..	1	..	3	..	..	4
102	Diseases of Mouth and Annexa	..	..	..		..	..	..	..	..	..	..	..	..	..
103	Diseases of Pharynx	..	..	..	..	..	..	..	..	..	.	..	..	..	..
104	Diseases of Œsophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
105	Ulcer of Stomach and Duodenum	..	..	..	..	..	..	2	2	1	..	..	..	..	5
106	Other Diseases of Stomach	3	..	..	..	..	..	..	1	1	1	1	..	..	7
107	Enteritis	12	3	..	..	..	..	1	..	2	..	3	..	..	21
108	Appendicitis	..	..	2	2	..	..	..	2	..	..	..	..	..	6
109	Obstruction of Intestine	1	..	1	.	..	..	..	..	1	2	..	1	..	6
110	Other Diseases of Intestine	..	..	..	..	..	..	..	..	..	..	..	..	..	..
111	Cirrhosis of Liver	..	..	..	..	..	..	1	2	2	2	1	..	..	8
112	Other Diseases of Liver	1	..	..	..	..	..	..	..	..	..	..	..	..	1
113	Peritonitis	..	3	1	..	1	1	..	1	..	.	..	1	..	8
114	Other Diseases, Digestive System	..	..	..	..	..	..	..	..	1	..	.	..	..	1
115	Diseases, Lymphatic System & Glands	..	..	..	..	1	..	1	1	..	..	..	..	..	3
115A	Goitre	..	..	..		..	..	..	..	..	..	..	..	..	..

Extended Schedule sanctioned by Local Government Board to replace the Government Table IV.—continued.

CAUSES OF, AND AGES AT, DEATH DURING 1910 IN THE BOROUGH OF ASTON MANOR WHETHER OCCURRING IN OR BEYOND THE DISTRICT—*continued.*

No.	DISEASES.	AGES.													All Ages.
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	85—	
116	Acute Nephritis			1	..	..	..	3	..	1	1	..	..	..	6
117	Bright's Disease	..		..	..	..	..	4	2	1	3	2	2	..	14
118	Calculus	..		.	..	..	..	..	..	.	.	..	..	..	..
119	Diseases of Bladder and Prostate	.		..	..	..	..	.		..	..	3	.	..	3
120	Other Diseases, Urinary System	..		.		.	..	..	1	..	..	..	..	..	1
121	Diseases of Testis and Penis	..		..	..	..	..	.	..	..	.	..	..	..	
122	Diseases of Ovaries	.	.	..	..	.	..			..	..	..	..	..	
123	Diseases of Uterus and Appendages	..	.	..	..	..	..	..	..	..	.	..	.	..	..
124	Dis. of Vagina and External Genitals	..			..	..	..		..		.	.	.	..	..
125	Diseases of Breast	..	..	..	..	..	..		..	..		.	..	.	..
126	Abortion, Miscarriage	..	..	..	..	..	..		1	..	..	..	..		1
127	Puerperal Mania	..	..	..	..	..	..	..	..	.	..	..	..	..	.
128	Puerperal Convulsions	1	1	.	..	..	..	..	.	..	..	..	.	..	2
129	Placenta Prævia, Flooding	..	..	..	..		...	..	1	..	..	..		..	1
130	Puerperal Thrombosis	..	..	..	..	..	..	..	..	..	..	.	..		..
131	Other Dis., Pregnancy & Childbirth	.		..	..	..	.	1	..	..	..	..	..		1
131A	Cæsarean Section	..	..	..	..	..	.	..	1	..	..	..	..		1
132	Arthritis, Ostitis, Periostitis		.	.	..	..		..	..	..	..	..	..	.	.
133	Other Diseases, Osseous System	.	..	..	..	..	..	.	..	.		..	..	..	
133A	Acute Osteo Myelitis		..	..	..	..	..		..	..	..		..	..	..
134	Ulcer, Bedsore	..		..	..	..		..	..	..	..	..	..	..	.
135	Eczema	1	..	..	..	..	..	.	.	.	..	..	..	..	1
136	Pemphigus	1	..	..	..	..	..	..			..	..	..	..	1
137	Other Dis., Integumentary System	..	..	.	..	..	..	..	..	..	.	.	..	..	..
137A	Acute Dermatitis	..		..	..		..	..	..	..	..		..	.	..
	Accidents and Negligence—														
138	In Mines and Quarries	..	..	..	..	.	..		..	..	..	.	.	..	..
139	In Vehicular Traffic	.	..	..	..		..	1	..	.		..			1
140	On Railways	.	..	.	..	..	.	..	..			.	.	.	..
141	On Ships, Boats, &c. (not drowning)	..	..	..	.	..	..	..	..	.		.	.	.	..
142	In Building Operations	..	..	..	..	..	..	..	..	..	..	..	.	..	.
143	By Machinery	..	..		..	1		..	..	.		.	..	..	1
144	By Weapons and Implements	..	2	..	..	..	..	1	..	..	.	..	..	..	3
145	Burns and Scalds	1	5	1	..	1	1	..	..	1	..	..	..	.	10
146	Poisons, Poisonous Vapours	..	..	..	..	..	..	..	..		.	..	..	..	2
147	Surgical Narcosis	..	..	..	..	.	.	.	..	..	..	..	.	.	..
148	Effects of Electric Shock	..	.	..	..	..		..	..	..	.	..	..	..	..
149	Corrosions by Chemicals	..	..	.	.	..	..	..	..	.	..		..	.	
150	Drowning	.	..	2	..	..	..	..	..	..	..	..	.	..	2
151	Suffocation, Overlaid in Bed	3	..	.	..	..		..	..	.	..		.	..	3
152	Suffocation, Otherwise	5	..	..	..	..	..	..	2	..	1	..	..	..	8
153	Falls not specified	1	1	..	.			2	..	..	.	1	1	..	6
154	Weather Agencies	..	..	.	..	..	..	..	..	..	..	..	.	..	.
155	Otherwise, not stated	..	..	..	..	.	..	..	..	..	1	..	..	..	1
156	Homicide	..	..	.	..	..	..	..	..	..	..	..	.	..	..
	Suicides—														
157	By Poison	..	..	..	..	..	..	..	1	2	1	..	..	..	4
158	By Asphyxia	.	..	..	..	..	..	..	..	..	..	..	..	..	..
159	By Hanging and Strangulation	..	..	.	..	..	.	..	1	..	.	..	..	..	1
160	By Drowning	.	..	..	..	..	..	..	.	..	.	..	..	..	..
161	By Shooting	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162	By Cut or Stab	..	..	..	..	..	..	1	1	..	..	..	..	..	2
163	By Precipitation from Elevated Places	..	..	..	.	.	..	.	..	1	..	.	..	..	1
164	By Crushing	.	.	..	..		..	..	..	..	..	..	..	..	..
165	By other and unspecified methods	..	..	..	..	.	..	..	..	.	..	..	..	..	..
166	Execution	.	..	..	..	..	..	.	..	..	..	..	..	..	..
167	Sudden Death, cause not ascertained	..	..	..	..	..	..	..	..	..	..	..	..	..	..
168	Ill-defined and unspecified causes	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	TOTALS	233	107	32	12	13	27	66	84	111	111	133	83	13	1025

Local Government Board.

TABLE V.—INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes :																	
Certified	41	22	9	1	73	52	19	9	14	11	18	3	14	6	7	1	227
Uncertified	4	..	...	..	4	...	..	...	..	...	...	2	..	...	...	...	6
ommon Infectious Diseases																	
Small-pox	...	...	...	...	...	...	...	..	...	...	..	..	..		...	...	...
Chicken-pox	...	...	...	..	...	..	..	...	...	...		...	..	...	...	...	...
Measles	...	...	...	..	..		...	...	..	...	...		...	..	...	...	...
Scarlet Fever	...	..	...	...	...	..	...	...	...	...		...	...	...	...	...	...
Diphtheria : Croup ...	..	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	..	..	1	..	1	3	.	...	...	1	..	..	1	..	2	...	8
Diarrhœal Diseases :																	
Diarrhœa, all forms ...	..	...	1	...	1	7	5	2	1	2	4	2	4	3	...	1	32
Enteritis (Muco-enteritis, Gastro-enteritis	...	...	...	...	...	5	2	...	2	...	1	1	1	..	...	1	12
Gastritis, Gastro-intestinal Catarrh	...	...	..	...	...	2	1	...	...	...	...	...	...	...	..	...	3
Wasting Diseases :																	
Premature Birth ...	30	7	..	...	37	..	.	...	..	...	...	.	..	...	...	...	37
Congenital Defects ...	5	5	1	...	11	3	..	...	1	..	.	...		...	...	...	15
Injury at Birth... ...	...	..	...	..	...	...	...	...	.	..	...	..	...	..	.	...	...
Want of Breast-milk ...	..	...	..	..	...	1	...	...	...	...	..	...	...	..	...	..	1
Atrophy, Debility, Marasmus	7	3	..	1	11	8	3	2	1	2	2	...	1	...	1	...	31
Tuberculous Diseases :																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2
" Peritonitis : Tabes Mesenterica	...	...	...	..	.	.	..	...	1	...	...	.	...	..	...	...	1
Other Tuberculous Diseases	...	...	...	..	...	...	..	...	...	...	1	...	...	...	...	...	1
Erysipelas	...	..	...			...	...	...	.	..	...	...	...	...	...	...	...
Syphilis	.		...	...	..	1	...		...	...	...	..	..	...	...	.	1
Rickets	...	...	..	...	...	...	...	...	...	...	...	1	..	...	...	...	1
Meningitis (*not Tuberculous*)	..	..	...	.	...	1	...	1	...	1	1	...	...	...	..	..	4
Convulsions	...	2	1	...	3	5	1	...	..	...	3	...	1	...	...	...	13
Bronchitis	...	2	2	...	4	5	2	2	2	2	2	.	2	1	..	...	22
Laryngitis	...	...	...	..	...	...	...	...	..	...	...	..	...	...	...	...	..
Pneumonia	...	1	...	...	1	5	4	...	5	2	2	1	2	2	2	..	26
Suffocation, overlaying...	1	...	2	...	3	1	1	1	1	...	..	...	1	...	...	..	8
Other Causes	2	2	1	..	5	5	...	1	...	1	...	..	1	...	2	...	15
	45	22	9	1	77	52	19	9	14	11	18	5	14	6	7	1	233

Deaths from all Causes at all Ages 1,025

Population, estimated to middle of 1910 86,269

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES, AND HOMEWORK.

1.—INSPECTION (INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES)

PREMISES.	Number of		
	Inspections.	Written Notices	Prosecutions.
Factories (including Factory Laundries)	27	15	–
Workshops (including Workshop Laundries) ...	425	75	—
Workplaces	24	3	—
TOTAL	476	93	–

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

PARTICULARS.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts:—				
Want of Cleanliness	16	14	-	—
Want of Ventilation	1	1	—	-
Overcrowding	—	—	—	—
Want of Drainage of Floors	2	2	—	—
Other Nuisances...	32	30	--	—
Sanitary Accommodation: Insufficient	4	5	—	—
Sanitary Accommodation: Unsuitable or Defective	8	6	—	—
Sanitary Accommodation: Not Separate for Sexes	3	4	-	—
Offences under the Factory and Workshop Act:—				
Illegal Occupation of Underground Bakehouse (s.101)	—	-	-	–
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100)	45	45	-	-
TOTAL	111	107	—	

3.—HOME WORK.

List of Outworkers (s. 107):—

Nature of Work.	Lists received from Employers.				Numbers of Addresses of Outworkers received from other Councils.	Numbers of Addresses of Outworkers forwarded to other Councils.	Number of Inspections of Outworkers' premises.
	Twice in the year.		Once in the year.				
	Lists.	Outworkers	Lists.	Outworkers			
Wearing Apparel—Making, &c.	4	12	5	178	82	60	116
Carding, &c., of Buttons, &c.	2	78	—	—	124	32	160
Paper Bags and Boxes	—	—	—	—	19	—	25
Brush making	—	—	—	—	14	—	20
Electro-plate	—	—	—	—	12	—	15
Total	6	90	5	178	251	92	336

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year :—		Number.
Important classes of workshops, such as workshop-bakehouses, may be enumerated here.	Bakers	57
	Dressmaking, Millinery, etc.	35
	Laundries	9
	Tailoring	20
	Others	95
Total Number of Workshops on Register		216

5.—OTHER MATTERS.

CLASS		Number.
Matters notified to H.M. Inspectors of Factories:—		
Failure to affix Abstract of the Factory and Workshop Act (s. 133)		—
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (s. 5)	Notified by H.M. Inspectors	21
	Reports (of action taken) sent to H.M. Inspectors .	21
Other		3
Underground Bakehouses (s. 101):—		
Certificates granted during the year		—
In use at the end of the year		—

ASTON UNION.

ASTON MANOR (SUB-REGISTRATION AND) VACCINATION DISTRICT.

RETURN FOR THE UNDERMENTIONED PERIODS RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED IN ASTON MANOR DURING THOSE PERIODS, VIZ. :

ASTON MANOR. (1)	Births returned in the "Births List Sheets" as Registered. (2)	Successfully Vaccinated. (3)	Insusceptible of Vaccination. (4)	Had Small-pox. (5)	Conscientious Certificates received. (6)	Died Unvaccinated. (7)	Postponed by Medical Certificate. (8)	Removed to Districts the Vaccination Officer of which has been duly apprised. (9)	Removed to Places Unknown, or which cannot be reached; and cases not having been found. (10)	In abeyance. (11)
From 1st July, 1896, to 30th June, 1897	2550	1757	10	—	—	296	83	13	182	179
,, ,, 1897, ,, 1898	2596	1757	8	--	1	313	76	14	117	310
,, ,, 1898, ,, 1899	2554	1683	23	—	10	350	86	21	144	237
,, ,, 1899, ,, 1900	2505	1770	19	—	7	336	55	29	148	141
,, ,, 1900, ,, 1901	2436	1712	23	—	7	297	68	28	166	135
,, ,, 1901, ,, 1902	2393	1605	21	—	6	316	58	22	235	140
,, ,, 1902, ,, 1903	2319	1601	6	—	3	265	71	33	242	98
,, ,, 1903, ,, 1904	2246	1530	6	—	7	300	64	18	192	129
,, ,, 1904, ,, 1905	2255	1620	10	—	13	257	61	20	248	26
,, ,, 1905, ,, 1906	2268	1596	7	—	15	257	67	24	277	25
,, ,, 1906, ,, 1907	2102	1487	7	—	12	235	51	18	245	47
,, ,, 1907, ,, 1908	2244	1477	18	—	40	214	102	20	308	65
,, ,, 1908, ,, 1909	2107	1421	16	—	57	185	68	11	273	76
,, ,, 1909, ,, 1910	2244	1477	18	—	40	214	102	20	308	65

ASTON MANOR.

SUMMARY OF WORK DONE IN THE SANITARY DEPARTMENT DURING THE YEAR 1910.

		Inspections and Observations made.	Formal Notices by Authority.	Nuisances abated after Notice.
Dwelling Houses and Schools	Foul Conditions	—	—	155
	Structural Defects	—	—	515
	Overcrowding	—	—	4
	Unfit for Habitation	—	—	—
	Lodging Houses	—	—	—
	Dairies and Milkshops	1764	35	33
	Cowsheds	—	—	—
	Bakehouses and Workshops	449	—	92
	Slaughterhouses	397	14	14
	Canal Boats	—	—	—
	Ashpits and Privies	—	—	473
	Deposits of Refuse and Manure ...	—	—	14
	Water Closets	—	—	416
House Drainage	Defective Traps	—	—	276
	No Disconnection	—	—	91
	Other Faults	—	—	581
	Water Supply	—	—	—
	Pigsties	—	—	—
	Animals improperly kept	—	—	41
	Offensive Trades	—	—	—
	Smoke Nuisances	1111	8	8
	Other Nuisances	—	—	263
	Inspections and Formal Notices other than those above specified, and not "enumerated separately as regards each defect"...	6260	1293	—
	TOTALS	9981	1350	2976

	No.	
Seizures of Unwholesome Food	1	
Samples of Food taken for Analysis	—	Work done by CountyCouncil.
Samples of Food found Adulterated	—	
Samples of Water taken for Analysis	—	
Samples of Water condemned as Unfit for Use		

PRECAUTIONS AGAINST INFECTIOUS DISEASE.

Lots of Infected Bedding Stoved or Destroyed	550
Houses Disinfected after Infectious Disease	509
Schools Disinfected after Infectious Disease	—
Prosecutions for not Notifying Existence of Infectious Disease	—
Convictions for not Notifying Existence of Infectious Disease	—
Prosecutions for Exposure of Infected Persons or Things...	—
Convictions for Exposure of Infected Persons or Things ...	—

SUMMARY OF THE WORK OF THE INTERCEPTION DEPARTMENT AND OF DISINFECTION DURING 1910 AND PREVIOUS FOURTEEN YEARS.

Year.	DAY WORK. Dry Ashpits, Ash Tubs, and Refuse Tubs.				NIGHT WORK. Ashpits and Privies.		Total No. of tons consumed in Destructors.	Total No. of Loads removed.	Gross Amount of Sales of Night-soil.	Disinfection of Bedding.	
	No. of emptyings of dry Ashpits.	No. of Loads removed from dry Ashpits.	No. of emptyings of Ash Tubs and Refuse Tubs.	No. of Loads removed from Ash and Refuse Tubs.	No. of Middens emptied.	No. of Cart Loads removed.				No. of Lots of Bedding, etc., disinfected.	No. of Articles disinfected.
1910	31,579	12,543	97,834	2,270	3,256	2,959	18,643	17,772	—	808	7,945
1909	30,150	12,627	64,696	1,926	3,580	3,238	18,704	17,791	—	830	7,451
1908	25,970	12,036	39,359	1,852	4,316	4,107	19,395	17,995	—	657	7,722
*1907	27,467	12,254	37,185	1,814	6,047	6,076	20,988	19,222	—	665	8,170
1906	24,552	11.758	31.914	1,501	6,807	6,438	21,172	19,697	—	553	6,296
1905	22.496	11,993	24,155	1,112	9,771	9,596	22,427	22,701	—	350	4.950
1904	17,979	11,702	18,293	771	8,065	8,741	22,120	21,214	—	425	7,093
1903	13,870	10,964	15,781	703	7,521	8,676	20,943	20,469	—	461	6,553
1902	13,151	9,851	15,144	702	9,287	11,143	21,992	21,696	—	410	4,233
1901	10,689	9,814	14,694	653	9,876	12,708	18,921	23,175	44	382	3,522
1900	7,958	8.565	14,016	560	9,557	13,784	18,980	22,909	164	487	4,987
1899	7,755	7,711	9,097	331	9,984	14,033	15,352	22,075	138	471	5.251
1898	7,044	6,777	7,012	254	10,662	14,121	14,391	21,152	196	464	5,488
1897	6,801	6,887	7.378	275	11,154	14,968	15,251	22,130	269	682	8,307
1896	6,579	5,426	6,309	282	11,026	13,696	14,763	19,404	270	1,031	12,677

1897—22,669; 1898—22,311; 1899—23,838; 1900—24,624; 1901—24,552; 1902—22,541; 1903—21,133; 1904—22,389;

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